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EDITORIAL COMMENT



PROFESSIONAL RESPONSIBILITY

In the earlier days of training schools, before the era of state registration, professional responsibility was an individual matter, and it must be said that most of the pioneers of our profession felt it and lived up to it. With the coming of state registration, however, a new obligation has arisen. The state vouches for certain women to whom it has granted a degree indicating proficiency and worth, and it rests with the nurses thus endorsed to make state registration a mark of distinction and honor, to do nothing unworthy of being thus separated.

Professional responsibility, reduced to its simplest terms, means that the members of a profession are living and working for the good of that profession, and through it for the good of humanity, that they are sinking their personal preferences and ambitions in the wider and nobler aims of doing that which is for the good of the whole.

There are many examples of this self sacrificing, altruistic spirit which are an inspiration to **any** of us, as we recall them, and they help to strengthen our own resolves. But at other moments we lose sight of these encouragements and grow almost heart-sick over human inertia which shows itself so plainly in the nursing profession. We often think it is more evident here than elsewhere, but probably that is because we know our own ground so well. In every line of effort the few willing workers are pulling, tugging, hauling the great mass of their fellows toward some goal which seems desirable to all, but the majority wish to be carried to that goal. They do not know the joy of striving and attaining.

This professional inertia shows itself in many ways. We hear on one side cries of distress from nurses whose time is not fully occupied, with lamentations that the field is overcrowded. On the other hand,

the workers along social lines tell us that there are not enough recruits for the district nursing associations, and that many nurses refuse to take cases of tuberculosis and obstetrics. In some sanatoria, convalescents are being taught to care for those less able than they, because not enough nurses can be secured. Doctors and registrars of directories are at their wits' end when appeals come to them for nurses for patients unable to pay the full price for nursing service. They fall back on the untrained and correspondence-school nurse, and what wonder? We are in a sense responsible for the flourishing of such institutions.

Hospital superintendents, who began their own professional career as head nurses at a modest salary of from twenty to thirty dollars a month, tell us that the fresh graduates, who are almost without value until they have "worked in," expect positions at not less than seventy-five dollars a month.

The repeated calls for volunteers for the reserve force of the Army Nurse Corps met with but feeble response, and the Red Cross officials are asking themselves in puzzled surprise: "What is the matter with trained nurses?"

This same inertia is a drag in all our organization life. State and alumnae associations find it difficult to secure women to act as officers and to perform faithfully the work entailed. Some of those filling these offices seem half asleep. It has come to our knowledge that some of the heads of committees of the Associated Alumnae have been greatly hampered in their work and are presenting inadequate reports because the members of their committees do not work with them, or because officers of societies have not responded to their requests for needed information, in many cases letter after letter has been sent to which absolutely no answer was received.

If a roll were to be published of those who will not answer letters, it would be a most astonishing list of names, consisting largely not of those who are obscure and unknown, but of those who have done good work in the past and who know better than to add to the cares of an over-worked officer by allowing her to appeal in vain for information.

Let us look at the other side for a moment. There are many excuses for us all, so many that we seize them and hug them and let them blind us to our duty. The nurses who do not respond to requests are sometimes in positions where response is impossible. An alumnae secretary wrote recently in answer to a question that had been asked her: "I would have answered sooner, but I was on a contagious case and could not answer letters. It seems to me there never was so much business to be attended to as came up during those weeks." If such a one

responds as soon as opportunity arises, she is fulfilling her duty as well as any one can ask.

It may be said for the nurses who are unwilling to take private cases at lower rates than they like, that living expenses have increased greatly of late years and that a woman, be she ever so philanthropically inclined, must, at least, try to pay her just debts. It is true also that it is not always the most needy who ask for care at reduced rates, and that sometimes if she reduces her price, she is asked to do so again and again, until she feels that she is bearing more than her share of the burden. This is a problem that nurses' directories should keep working at in an endeavor to secure justice to all concerned. The willing nurse should be looked after and given a fair chance at better cases. The unwilling nurse, who always demands the largest price and the pleasantest work might justly be treated with less consideration.

It is as true of nursing as of any other occupation that the woman who forgets herself and does her duty reaps, in the end, a far greater reward than the one who thinks first of her own interests, not only in the respect and affection which are hers, given her by doctors, patients, and fellow nurses, but financially as well, for she is in greater demand each year as she more and more proves her worth.

Let each of us consider more seriously her professional attitude. Is she a private nurse? Let her be a help to the community as well as a self-supporting citizen, ready to offer her services where they are needed. Is a nurse unoccupied and hesitating? Let her look for some social service work calling for helpers. Let the hospital superintendents lead the way in interest in public affairs, and draw their students with them, affiliating wherever possible with public philanthropies. Possibly the capable executive woman who is waiting for a position with a high salary attached, will persuade herself to go to some school needing such help as she can give, as all she earns is for her own use and need not be spent again at once for food, shelter, or laundry work,—the higher price of living does not so directly affect her.

The visiting nurse is certainly an altruistic being. She never receives a high salary, yet from it she must pay all her expenses. As a rule she seems more happy and content than her sisters, probably because she is forgetting herself and living for others. Let us try to imbibe a little of her spirit.

When a sliding scale of charges is suggested, the objection often heard made is that the doctors will not favor or help promote it. We wish that this question could be taken up by some state association of nurses and state medical society together, in an honest effort to work

out a scheme which shall be of benefit to the whole community,—patient, doctor, and nurse.

The question of work and remuneration seems to be largely in the point of view. One of our correspondents, the only trained nurse within a radius of a hundred miles in Montana writes us of having been out on an interesting case where the only compensation she was likely to receive consisted of two puppies, one yet unborn. We hesitate to recommend new fields when both at home and abroad hospital positions of moderate pay are going begging and in missionary and district nursing there is a constant demand which cannot be filled, but examples like this show us that the spirit of adaptability and helpfulness is not extinct.

SUGGESTIONS FOR OUR NATIONAL ORGANIZATIONS

SOME suggestions recently sent to us by correspondents seem worth considering. The first is that when the ticket of nominations for officers of the Associated Alumnae is made up, ready for distribution to the associations, it should be printed in the *JOURNAL*, with short descriptive sketches of the nominees, and that this should be done early in the year, so that when the associations receive the nominations and instruct their delegates, they shall know for whom they are voting and not deal with names alone.

The second suggestion is in regard to the work of the program committee. The writer thinks the members of this committee should not be so widely scattered, so that they might get together, plan their work, and act in unison,—also that the topics for papers and discussions should be decided upon by January and printed in the *JOURNAL*, so that the associations might take up these subjects in advance and be prepared to discuss them intelligently.

In addition to these two suggestions let us add that in view of the condition of inertia all over the country it seems to us the time has come when we should have a complete reorganization of all our lines of work, the Superintendents Society might be disbanded as a separate organization and become an affiliated organization of the Associated Alumnae, the name of the latter might be abandoned and under the name of the American Federation of Nurses we might have one great week of meetings yearly, one day being given over to section meetings for such different branches as Superintendents, Visiting Nurses, Private Duty Nurses, Boards of Examiners, Head Nurses, School Nurses, etc., etc.

While we cling to old forms and traditions, there comes a time in all organization life when radical changes must be made, and while our

suggestions may be premature, we make them hoping they may give rise to serious thought and discussion before the next national conventions.

The Associated Alumnae needs the inspiration and leadership of the teaching body, and the teaching body is suffering from a divided interest, so many of its members finding greater interest in the larger association.

This plan would be a financial economy and would save duplication of labor for officers and for all those making reports along similar lines of work.

THE TUBERCULOSIS MOVEMENT

ROCHESTER, N. Y., has recently closed a week devoted to an anti-tuberculosis campaign under the auspices of the Public Health Association, aided by the state exhibit which is, doubtless, familiar to many of our readers. This filled a large part of convention hall and consists of charts, maps, photographs, and all sorts of window tents, sleeping bags, etc. During the week meetings were held every afternoon and evening at which lectures, most of them illustrated by lantern slides, were given.

Each meeting was intended for some one class of citizens, and special efforts were directed to gaining their interest and attendance. For instance, there were meetings for Poles, for Italians, for German-Americans, school children, school teachers, mothers, ministers, nurses, etc. At the close of the week, a great mass meeting was held at the Lyceum Theatre, and its seating capacity of two thousand was taxed to the limit, so that an overflow meeting was held in Convention Hall. Among the speakers at this mass meeting were the Hon. Homer Folks, Dr. S. A. Knopf, and Dr. Pease, who was in charge of the exhibit.

Plans are under consideration for making the work of nurses one of the features of the international convention on tuberculosis to be held in Washington in the fall; the first announcement will be found on another page and details will be given from month to month as they develop. As far as we know this will be the first occasion when nurses' work has been recognized as an important factor by the international congress. It behooves all nurses to make good use of the opportunity.

USES OF EXAMINATION QUESTIONS

THE questions published in the JOURNAL from time to time, as given by the various state boards of nurse examiners, are not intended as matter for mere idle reading. That some of our subscribers realize their worth is shown by an inquiry which came to us recently. A nurse

in Michigan had written out the answers to all the New York and Maryland questions and asked where she could have her papers corrected. Although this is the first request of just that sort that has reached us, we have known the papers to be used by a number of nurses as a sort of graduates course of study. They have been in the habit of going over the questions carefully, making note of all the points they were uncertain about, and then of looking up the subjects in some nursing or medical library, until the whole ground covered by the papers was familiar to them. Teachers, too, who find themselves in a rut in the conduct of their classes will find new lines of thought opened to them by these papers, a new application of old principles. We wish that more of our examining boards would make a habit of sending their questions to us at the close of each examination.

It is a pity that every one might not have the enlightenment which comes from correcting papers. One examiner learned recently that all bedding and clothing used by patients with infectious diseases should be burned, and that cows should be given frequent baths!

We wish to suggest that some sleepy alumnae association that does not know what subject to consider at its next meeting should try a match, on the plan of the old spelling match, using the examination questions, choosing sides, let the superintendent of the training school be judge, and see who can stand longest.

ANOTHER NURSING TEXT BOOK BY MISS McISAAC

MISS McISAAC has just completed a text book on hygiene for nurses which is to be of about the same size and form as her *Primary Nursing Technique*, and which will be the only book of its kind for nurses that we have seen. It is a compilation of the best authorities on the subjects of health and hygiene, with chapters on the hygiene of nursing as an occupation which are entirely original, and the whole book is presented in the author's most attractive style. It is a valuable acquisition to nursing text books and would also seem to us to be exceedingly serviceable as a text book on hygiene for high schools, of course with some special modifications for that line of teaching.

FOR OUR JUNE ISSUE

WE are to publish in the June magazine two of the most important and interesting papers that we have had in many months, one by Dr. Hurd of Johns Hopkins Hospital, entitled "The Proper Length of the





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Period of Training for Nurses," a paper read before the Canadian Superintendents' Association, and the other, "What Shall the State Societies Do After State Registration is Secured?" a paper read by Miss McIsaac before the Indiana State Association on March 27th.

In this number, also, we shall open a department on dietetics which is to begin with a paper by Miss Hammon of Rochester Mechanics Institute giving a series of receipts and suggestions for "two in a flat."

The July and August numbers of the JOURNAL will not be given over wholly to reports of the two conventions as has been customary in the past. The secretaries reports will appear promptly, and such of the papers as seem most valuable will be published throughout the year, a few at a time.

DESCRIPTION OF THE CASKET PRESENTED BY THE CORPORATION OF THE CITY OF LONDON TO MISS FLORENCE NIGHTINGALE, MARCH 16, 1908.

Through the kindness of Mrs. Bedford Fenwick we are able to give our readers the following picture and description of the casket presented to Miss Nightingale, reproduced from *The British Journal of Nursing*:

AN Oak Box, with Bronze Ornamentation of Oak Leaves indicative of Endurance, enriched with a beautifully modelled Figure representing Charity.

The lid carries a Laurel Wreath with the Recipient's Monogram in Enamels, and a Scroll with an inscription referring to Miss Nightingale's generosity in establishing the Nightingale Homes at St. Thomas' and King's College Hospitals, with the fifty thousand pounds granted to her by Parliament for her services during the War, also the date of the commencement of her labors in the Crimea and her return from Scutari.

On the front of the box are depicted the full Arms and Supporters of the City of London in Bronze and Enamels, with two finely modelled Soldiers, representing the Infantry and Cavalry Regiments of the time of the Crimea.

The reverse side has an ornamental panel containing the following inscription:

"Presented by the Corporation of the City of London
with Copy of Resolution
Granting the Honorary Freedom of the City
to Miss Florence Nightingale,
16th March, 1908."

The side panels carry modelled Lions' Heads as Handles for the box.

SOME NEW METHODS OF MODIFYING MILK*

By JULIA A. GERNAND, R.N.

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Washington, D. C.

Cow's milk is the only one that I shall consider in this paper, because the only one available in the United States.

Goats' milk is said to approach human milk much more closely in composition; goats are seldom subject to tuberculosis, and are cheaper to procure and maintain than cows, yet goats' milk is not a commercial article. I doubt if any of us have even known an instance of its use.† Perhaps their destructiveness weighs too heavily in the balance. The object of modifying milk is to imitate human milk, by adding to and taking from its ingredients. To create a synthetic human milk, as it were.

The first method was by the percentage system, originated by Rotch, I believe, and while not entirely successful, has been the basis for all further investigations.

As the quantities of fats, proteids, carbohydrates, salts and water were approximated to those of human milk, it was still found unsuitable for many infants, because the system dealt only with quantities, and as Dr. Jacobi, the noted specialist, has said, "you may percentageize, peptonize, Pasteurize, sterilize, Walker-Gordonize all you wish, but cow's milk is not like human milk," for the difference lies in the chemical qualities, as well as in the relative quantities of the food principles.

I shall not speak of the ordinary percentage and top milk methods of modification, so clearly set forth in any of the very useful small volumes to be had on the subject of infant feeding, but of several more recent methods not generally given in nursing text books and magazines.

But I must not omit a few words on the passing of Pasteurization and sterilization, as routine measures. One reason for their disuse

* Read before the Garfield Memorial Hospital Training School Alumnae Association, February 11, 1908.

† [In 1893, or about that time, the late Dr. W. W. Jaggard of Chicago used goat's milk for his baby. The goats were kept in his garden, and were a source of much interest to the passer-by. He considered the plan a simple and practicable one, and urged all his patients, who used artificial feeding for infants, to purchase goats.—Ed.]

is their abuse. The lactic acid ferment, being destroyed by heat in these processes, there is no appreciable change in odor or taste to warn one, so that a very stale milk may be used unknowingly. Again, some people look upon sterilization and like measures as mysterious proceedings, which render substances so treated, incapable of ever being contaminated again, and they are more careless in handling this milk than with the ordinary product, with whose qualities and habits they are more familiar.

Then, too, these milks have been found less digestible and causing scurvy, but they are indicated in certain conditions, as: 1, When travelling. 2, In very warm weather. 3, When ice is unobtainable. 4, When there is doubt as to the cleanliness of the only available milk supply. Condensed milk is sterilized and may be had unsweetened, which removes one objection to its use. It is indicated under similar conditions, and it is a good plan to have several small cans on hand for emergency use, if one is situated where the delivery of milk may be delayed. It is diluted with boiled water to the strength of whole milk, as directed on the can, then made up by the formula in use. If not necessary to use the entire contents of the can, do *not* use the remainder later.

It is now thought best to get a certified milk and sterilize everything else except the milk when handling it. This is productive of good results, and my own experience has shown me, in repeated instances, that the milk will keep perfectly sweet for seventy-two hours, if this care be used.

The chief difficulty in the digestion of cow's milk is in the proteids, which are not only in excess of those of human milk, but also differ greatly in their chemistry. Now the proteids of milk consist of: 1, Casein. 2, Lactalbumin. Lactalbumin is not coagulated by acid or rennet, therefore is not acted upon in the stomach, but passes, in liquid form, into the intestine, where it is easily taken up and assimilated. Casein is the bug bear. It forms curds by the action of pepsin in the stomach.

The proteids of cows' milk consist of about one-fifth lactalbumin and four-fifths casein, while in the human milk the proteids show a reversed order of about three-fourths lactalbumin and one-fourth casein.

You can readily see the difficulty of these quantities, for if you dilute cows' milk to reduce the casein to the proportions of human milk, you also reduce the nourishing and easily digested lactalbumin in like measure, and as there is no accessible means of supplying it, the child suffers from **under-feeding**.

Beside this, the casein of human milk forms a fine, flaky curd, while cows' milk gives a coarse, tough curd, at which the stomach often rebels

and the intestine receives the masses almost as a foreign body; so the child suffers from their irritating action as well as the loss of nourishment contained in them, for the casein is a highly nourishing part of the milk.

So it would seem that cows' milk is a very poor substitute for human milk, but being all that we have, for I believe it is generally conceded that the proprietary foods cannot displace milk, many minds have worked to make the best of it, and one of them evolved the idea of whey feeding.

Whey is the pale yellow, watery fluid which remains when the proteids of milk are coagulated in the natural souring of milk, due to lactic acid. It contains all the nutriment of the milk except the casein (*i.e.*, the curd) and the fat. Whey is artificially produced by the addition of liquid rennet or essence of pepsin to the warmed milk.

You remember that the casein is coagulated by the rennet or pepsin, and can then be removed, while the lactalbumin is unaffected by these substances and remains liquid in the whey; hence its advantage as a diluent in cases of weakened proteid digestion. As the fat is removed by this process, it must be added afterward, in the form of cream, to supply the deficiency.

But "there is no rose without its thorn" and the prolonged use of whey, by its very ease of digestibility, panders to the weakened digestive apparatus, which remains undeveloped from lack of exercise. However, whey has been given for several months, with no ill effects, and is often a valuable bridge to cross the stream.

In making whey, the milk is brought to a temperature of 98.5 degrees F. A little salt having been added, it is poured into a warm bowl, that the temperature may not be materially reduced, liquid rennet or essence of pepsin is added, one teaspoonful for each pint of milk, the whole gently stirred to mix thoroughly, then set in a moderately warm place, where it will not be jarred or suddenly chilled. In a few minutes it should be firm. The jelly-like mass is then broken up well, and strained, and the liquid returned to the fire and brought to 150 degrees F. and maintained there a few minutes, stirring well, that the whole quantity may be of the same temperature, then strained again and it is ready for use, cream, sugar and water being added as per directions. The second heating kills the ferment which would, otherwise, continue to coagulate the added cream, even in the child's stomach.

This mention of temperatures sounds complicated, but the whole process is simplified if a dairy thermometer be used, which can be had for twenty-five cents, and eliminates all guess work. It is very annoy-

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ing, when one has much to do, to find that the curd has not set when one is ready to prepare the food mixture, or to learn that one has not guessed 150 degrees F. correctly, when one finds a hardening mass during the second heating, for you know what effect a higher temperature will have upon the albumin in the whey, or again to see the separate feedings coagulating, after the cream has been added, showing that the temperature has been too low.

Since the fat is removed in the process, skimmed milk is quite as good as whole milk, for making whey, and much cheaper.

Less rennet than one teaspoonful to the pint will suffice, where two or more pints are being used.

Liquid rennet costs twenty-five cents for a three ounce bottle, but may be purchased at wholesale rates, about one-half price, in lots of one-half or one dozen bottles. All these things are to be considered, for whey feeding is not a cheap method. Milk yields about twenty-five ounces of whey from the quart, but the amount may vary slightly. If a few more ounces are needed, it is possible to add boiled water to the whey. To add to the milk first may prove disastrous, nor is it exact. Sugar should also be added to the whey or food mixture. It is not accurate to add to the milk first.

When the child is tolerating cream in quantity approximating that of an ordinary top milk or percentage formula for its age and weight, the whey is reduced by withdrawing several ounces from the whole mixture, from time to time, and supplying an equal amount of skimmed milk and boiled water, until no whey is used and the desired formula is obtained. The proportions of milk and water needed will require a nice calculation. Sufficient time should elapse between each reduction to permit the child to become accustomed to the modification.

It is safer, when making the change, to approach a formula for a child rather younger and weaker than the one in question, increasing when the adopted formula is operating well.

Another method of feeding is by the use of butter milk. This has been an established thing in Holland and other European countries, among the laity, for some time, but recently has been recognized by medical men as a valuable source of food for infants. It is cheap, therefore adapted for use among the poor. It has an acid taste and reaction due to lactic acid fermentation. This would seem far from being a suitable food, but it does agree with some infants who have not thriven upon sweet milk preparations.

The advantage seems to lie in that the casein is already precipitated in small, soft curds and the lactic acid prevents further bacterial fer-

mentation. The proportions of fats and proteids are about the same as in skimmed milk, but, in spite of this, it does not cause rachitis or scurvy.

It may be given pure or diluted with boiled water to varying extent. Cream or sweet milk may be added when conditions warrant it. In preparing buttermilk, one or more tablespoonfuls of sugar and one tablespoonful of some fine cereal flour are usually added to the quart, the whole slowly brought to the boiling point, *stirring constantly*, then poured into sterilized bottles and stoppered. In reheating the separate feedings, care must be used not to bring above body heat, as buttermilk coagulates easily when heated.

The most recent method of overcoming the proteid difficulty is by the addition of Sodium Citrate. This prevents the formation of hard dense curds by some complex, chemical combination. One to three grains of Sodium Citrate, for each ounce of whole milk, are added.

This method is usually begun with equal parts of milk and boiled water, or even greater dilution, then quickly brought up to whole milk. This rather upsets the percentage idea but seems the simplest and most satisfactory modification known. The advantages are: 1, It renders the curd more easily digested, so that larger proportions of milk can be taken. 2, It is cheap. 3, It is convenient to handle. A solution is made up of such strength that one teaspoonful contains the amount of Sodium Citrate needed for one feeding. This is added to each bottle just before feeding. This simplicity of application recommends it for the use of the ignorant. Of course, as the milk is increased, the solution must be made stronger. Among the more intelligent, powders are ordered of known strength, and the solution made up from time to time, according to requirements. 4, The solution of Sodium Citrate ordered, satisfies the desire for medicine, which many mothers show. It does not seem sufficient, to them, that the sick baby should have only its diet looked into.

The Sodium Citrate modification is indicated when weaning infants for any cause, for the one or more artificial feedings, usually given to breast babies, daily, and in correcting the proteid dyspepsia shown by loss of weight, habitual vomiting and offensive stools containing curds.

When tolerance for whole milk is established, it is customary to cut down the Sodium Citrate, gradually, though it is sometimes used throughout the whole period of milk feeding.

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LESSONS IN DIETETICS

By MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and of the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Illinois.

(Continued from page 525)

COCOA

Cocoa was first brought to Europe from Mexico by Columbus in 1520. The fruit of the cocoa plant resembles somewhat a cucumber. Embedded in the pulp are many seeds from which cocoa is prepared. The seeds are separated from the pulp and placed in heaps, for several days to ferment or sweat. This causes the adherent pulp to become loose, modifies the bitterness, and produces a dark color. The seeds are then roasted, which renders them brittle and loosens the husk, so that the two halves come out separately by pressure in a machine where they are known as cocoa-nibs. The nibs are either sold as such or are ground between hot rollers, which, by melting the fat which they contain, reduces them to a fluid condition. Most of the fat is removed by pressure, and the remainder of the cocoa is then run into moulds, from which it is removed as slabs. These slabs are ground into a powder for soluble cocoa or cocoa essence. However, soluble cocoa is a misnomer, for, strictly speaking, there is no such thing as a soluble form of cocoa. All that the term implies is that the powder is so finely divided that it easily remains in a state of suspension when mixed with water. In order to aid the suspension, various methods of treating the cocoa are sometimes adopted. The addition of alkali is a favorite device, especially with Dutch manufactures. It aids suspension by saponifying and emulsifying the fat, and at the same time softens the fibre of the cocoa, so that it can form a sort of pulp with water. It also has the effect of deepening the color of the beverage, and so of making it look stronger. The free addition of alkali is objected to by some as being injurious to health, but it is very doubtful if that can be fairly alleged against it. There are also methods of increasing the solubility of cocoa by the aid of heat and to these no objection can be urged.

CHEMICAL COMPOSITION OF COCOA

The chief ingredient is fat, of which the cocoa bean contains about half its weight. In the commercial powder, however, there is only about

thirty-two per cent. present, the remainder having been removed by pressure. Cocoa contains a considerable proportion of nitrogen—twenty-one per cent. being present in the form of proteids.

The chief alkaloid is theobromine, similar to caffeine. Cocoa contains also, some tannic acid, though probably not of exactly the same form as that found in coffee and tea.

Starch is present to the extent of five and seventy-eight hundredths to fifteen and thirteen hundredths per cent.

The proportion of mineral matter is high, amounting, in raw cocoa, to from two and a half to three and a half per cent.

CHOCOLATE

Chocolate consists of ground cocoa from which the fat has not been removed, mixed with white sugar and starch. Flavorings, such as vanilla, are often added. The inferior varieties are made from unfermented beans, and therefore have a bitter taste. Good chocolate should melt easily in the mouth.

INFLUENCES OF TEA, COFFEE AND COCOA ON DIGESTION

The influences of these beverages on salivary and gastric digestion is, on the whole, unfavorable; of their effects on intestinal digestion we have little exact knowledge. Tea and coffee retard the peptic digestion, tea to a greater extent than coffee. Tea reduces the acid-absorbing power of foods; coffee has a similar but less marked effect, while cocoa actually increases it. For this reason, cocoa is the most appropriate beverage for patients suffering from the acid forms of dyspepsia. Often when the digestion is enfeebled, the stimulating effect of tea or coffee is useful.

Tea and coffee should both be avoided as an accompaniment to meals which make large demands on the peptic powers of the stomach, such as meals containing much meat. The irritating effects of these beverages on the stomach are more likely to be manifested when the latter is empty. The effects are probably least when the stomach is neither quite empty, nor too full.

USES OF TEA, COFFEE AND COCOA

The action of tea and coffee on the body depends entirely upon the tannic acid, caffeine and volatile oil which these beverages contain. The effects of the tannic acid are purely local, acting as an astringent. The caffeine and volatile oil, have a general pronounced physiological

action. Caffeine, like alcohol, is a stimulant, but unlike alcohol, affects the central nervous system even more than the heart.

The vital centres share in the stimulation produced by caffeine, as well as the brain cortex. After its administration, the respiratory movements are deeper and more frequent, and the heart beats more forcibly and rapidly. It is thus an important aid in combating impending paralysis of these centres in cases of coma. The action of the volatile oil contained in tea and coffee has not been fully investigated. It appears to act as a cerebral and cardiac stimulant and also produces some of the unpleasant symptoms, such as headache and giddiness. These oils seem also to have an action upon the blood-vessels, for tea tends rather to dilate the superficial vessels and render the skin moist, while coffee has the opposite effect.

It may be concluded, that tea and coffee are in no sense foods, in that they neither build up the tissues nor provide them with potential energy though they may diminish nervous fatigue. The bad effects usually attributed to an excessive indulgence in these beverages are of two kinds, affecting the nervous system or the digestion. The action of cocoa on the nervous system is very much less than that of tea or coffee.

Theoretically, cocoa is a valuable food, but practically it is not, because so little can be taken at a time. A breakfast cup of cocoa yields about forty Calories of energy. If it is prepared with milk and sugar the food value is much higher. Chocolate is of more value. One-half pint of milk with two ounces of chocolate yields about four hundred Calories of energy. The action of chocolate on the nervous system is less than that of tea and coffee.



THE USE OF FAT FREE MILK IN INFANT FEEDING.—Dr. Charles W. Townsend, writing in *The Boston Medical and Surgical Journal*, thinks that, while fat is very necessary to the normal infant, it is more often given in excess than is generally supposed. Excess of fat may cause one or more of a number of symptoms, as, for example, constipation, white and "curdy" stools, a ravenous appetite with atrophy, convulsions. In gastrointestinal disturbances it is desirable to exclude fat. The proteids of undiluted fat free milk appear to be remarkably well borne even by young infants, and there is an absence of so-called curds from the stools.

A JUVENILE COURT CLINIC

By ELEANOR KETCHAM, R.N.

Graduate of the Indianapolis City Hospital Training School, Indianapolis, Indiana

THE practice of putting school children through a thorough physical examination is now well established in this country.

A year ago the Indianapolis Juvenile Court, finding physical defect very conspicuous in many delinquent cases, adopted the system. At the beginning of the examination experiment, both in Europe and this country, the average of those children who failed to pass as perfectly normal was in most cases fifty per cent. or over. We have found in one year of our clinic this same per cent. existing.

By order of the court every child brought into it is examined before his trial takes place, and the clinic card containing in full the examination and doctor's recommendations is handed with the commitment papers to the judge for his use in the hearing.

In cases of defective eye-sight, hearing, adenoids or any abnormality, whether or not any delinquent tendencies may be traced to the effect of reflex nerve injury, at least it must be admitted, conduct is influenced. Often the failure to see and hear well in school leads to truancy on the part of a child, idleness leads to further mischief, and the juvenile court is soon called on to find a remedy. Many times parents are present at the clinics and a full explanation is given as to what treatment is found necessary.

At first, interest is shown and a promise is obtained to have the child, if released on probation, taken to the family doctor or a dispensary. On investigation it is found that few families, without further urging, pay any attention to the recommendations.

When asked the reason the reply is given, "Well, he don't complain," or, "His father is so agin it." Ignorance and habitual neglect are strong forces to deal with. A system of education and tactful persuasive measures then call forth the best resources of a graduate nurse.

Last winter much-needed operations for adenoids, tonsils, deflected septums, circumcisions, etc., as well as medical treatment for anemia, tuberculosis, chorea, epilepsy, etc., etc., made a season of interesting work.

So far as the probation children are concerned, this work cannot be carried on without a nurse.

The Indianapolis Clinic opens up a system which will show won-

The Indianapolis Clinic opens up a system which will show wonderful results in the more comprehensive handling of juvenile court children.

THE TUBERCULOSIS NURSE

By THEODORE B. SACHS, M.D.

Head, Sanatorium Department, Chicago Tuberculosis Institute

THE present crusade against tuberculosis, with the inevitable conclusion, that the majority of tuberculous patients must be given the benefits of open air treatment at home, is gradually opening a new sphere of usefulness to the trained nurse.

In her relation to the physician the tuberculosis nurse, in the main, occupies the same position as in other branches of medical work; the physician designates the method of treatment, the nurse puts it into execution.

The details of treatment of a tuberculous patient frequently require, however, such a radical rearrangement of the conditions of an individual home, that without a trained tuberculosis nurse the directions of the attending physician in many cases, are null and void to a great extent.

The mere outline of a consumptive's regime is much easier than its execution.

The trained tuberculosis nurse, in her relation to physician and patient, has a much greater sphere of activity, than in any other branch of medical work. In no other case is she as equal a partner of the medical man as in supervising the treatment of a tuberculous patient, as without her the application of a proper method of treatment is frequently impossible and the services of the physician are almost useless.

The management of a tuberculosis case at home presents the following two essential problems: first, protection of other members of the family from possible infection; second, arranging the quarters and the daily routine of the patient.

Protection of other members of the family from possible infection and the patient himself from reinfection entails on the part of the nurse a thorough knowledge of the proper disposal of sputum and methods of disinfection, effective in keeping the surroundings of the tuberculous patient free from tubercle bacilli and other germs which, in combination with tubercle bacilli, are responsible for the development of the much dreaded mixed infection.

Arrangement of outdoor quarters for the patient necessitates a familiarity with various methods of utilizing a house, a yard, a porch

or a roof for outdoor treatment of a tuberculous case; it necessitates a knowledge of various types of outdoor balconies, tents, etc.

The management of the daily routine of the consumptive presupposes an exact knowledge of the manifestations of the disease, correct interpretation of its symptoms, indications for absolute rest, proper clothing for the patient, diet, modes of bathing, etc.

The problem of the care of a tuberculous patient is inadequately treated in the curricula of most of the training schools for nurses and in order to obviate this deficiency it may be advisable for those who desire to engage in tuberculosis work, to do post-graduate work in sanatoria, tuberculosis clinics and similar institutions.

The tuberculosis problem can never be solved without coöperation of all classes and agencies of the community. The medical profession, trained nurses included, must be recruited first.

What enormous influence might be extended on society at large if every trained nurse would join heart and soul in the present widespread crusade against the white plague.

The effective management of the campaign against tuberculosis in New York, Boston, Philadelphia, at present in Chicago by the Chicago Tuberculosis Institute and in other large cities would be impossible without the trained nurse on the firing line.

In the crusade against this widespread disease she is bound to become the most effective agent in dissemination of knowledge concerning the disease, its proper management and methods of prevention.

She should and will be the torchbearer of light and the advocate of justice to the neglected consumptive.



THE CARE OF THE FEET

By MRS. JEANETTE ORR

Graduate of the Colorado Training School for Nurses, Denver

SINCE I have been taking the JOURNAL and reading the excellent articles which have been contributed by our doctors and nurses, I have not noticed anything in regard to the care of the nurses' feet. Where is the nurse who can say she is not and has never been troubled with some one or more of the various troubles which afflict the feet? Can anyone tell of anything which practically makes one sick all over like painful feet? It is next to an impossibility for one thus afflicted to be at her best, though she may try ever so hard, and no one, not even the doctor, can guess the cause for her seeming stupidity at times—when the fact is her poor brain is simply tortured with pain from her feet, making it impossible for her to think and act quickly.

First of all, the most important and absolute necessity, in the care of the feet, is this, we must bottle our pride, and say, "Here goes for a comfortable instead of a pretty pair of shoes." The broad toe which admits of perfect freedom of the toes, the low flat heel, thick cushion sole, long enough so that the toes do not come in contact with the toe of the shoe, are needed, for it is a well-known fact, that tight, short shoes and high heels are responsible for many of the ailments of the feet.

After you have worn these common-sense shoes for a month, just put on a pair with tight-pointed toes and high heels and walk in them for an hour. What a relief to get into the others!

For those who have tender inflamed feet, there is nothing which will give such relief and cure, as the treatment used by the soldiers after a hard day's tramp when the feet have reached this condition. Place in a vessel about two gallons of cold water, add to this a large cup of ordinary salt, stir till dissolved, put the feet into this and let them remain for twenty minutes at least. Dry the feet thoroughly. Do this every night. In the morning put on clean hose. You will be surprised at the result at the end of one week's treatment.

For soft corns, which come between the toes, before dressing the feet in the morning, dust boracic acid between these members and place a thin layer of absorbent cotton over the corn. Repeat each morning.

For the hard corns, take a piece of fine sandpaper and rub them till all the hardness disappears, if the small hard center,—commonly known as the eye of the corn—cannot be reached in this manner, use

a knife for its removal, being careful not to make the toe bleed, grease well with vaseline night and morning, thus keeping it soft till the healthy skin has a chance to take the place of the hard callous. Each time the feet are bathed, special care must be given to the places where the corns appear, apply plenty of soap and water and brush thoroughly with a good brush—this stimulates circulation and keeps the hard callous from forming. Rinse the feet in cool water and dry thoroughly, again applying vaseline to the corn. Bunions may be treated in this way.

Another extremely painful affection of the feet is chilblain; the cure of which I am about to tell is absolute. It has cured cases where doctors have urged an operation.

First, elevate the foot and massage upward the afflicted part for about five minutes, then place the foot in water as hot as can be borne, keep adding hot water for at least fifteen minutes, remove from the hot bath and plunge the foot in very cold water letting it remain for fifteen minutes. Remove from the cold bath and dry, being careful to dry well between the toes, take a piece of soft muslin and put once around the toe and slightly overlap, being careful to keep out any wrinkles in the cloth, then take a piece of adhesive strap about three-eighths of an inch wide, begin at the extreme end of the toe and strap it round and round snugly the full length of the toe but not tight enough to impede circulation, do this at night and keep the strapping on several days. Repeat if necessary. Usually two or three treatments of this kind will cure a bad case of chilblains. The wrapping of the soft muslin must not be omitted as this protects the inflamed delicate skin from the drawing and somewhat irritating effect of the adhesive. The adhesive must be wound smoothly, cutting out with the scissors little V shapes rather than overlapping, to fit the toe, otherwise the pressure of the shoe on these uneven places may be painful.

The ingrowing nail usually takes care of itself after the foot has been fitted with a common-sense shoe, but to help them start right, we might suggest this treatment. The large toe is the one which suffers most. After the feet have been carefully washed, comes the manicuring of the nails. Never under any circumstances should the nails be cut down at the corners, as we cut our finger nails, but trimmed squarely across, letting the corners set well out on the toes. If at first they are not inclined to do so, take a blunt flat instrument and gently raise them and place a small pledget of cotton under them; this will cause them to grow upward and outward instead of inward.

Let us not wait and keep putting off the wearing of comfortable

shoes, for a nurse cannot do justice to herself, her doctor, or her patient when she travels on a pair of painful feet.

Speaking of shoes reminds me of an incident. We all know how patients notice everything about a nurse, and how they have the feeling that the nurse knows all things; a patient speaking to me in regard to a nurse whom she had recently discharged said: "Imagine her, a trained nurse, one of a class of women who are always looked upon as the most sensible, wearing French heels and beaded toe slippers and positively limping with pain. Why it made me nervous, I could n't endure it."

So there is another reason why nurses should use better judgment about shoes and the general care of the feet.

FLORENCE NIGHTINGALE

Born May, 1820 *

Received Order of Merit, December 5, 1907

On far Crimean fields the war was waged,
Drenching with human blood the country fair;
Brave as the beasts, like beasts the armies raged—
The British Lion and the Russian Bear.

But through the fire and carnage of the strife,
Beside the soldier's cot—the soldier's grave—
To succor pain and rescue mortal life
A woman moved, whose mission was to save.

* * * * *

Dead now the rulers of those sovereign States,
Dead now the leaders of those warring bands;
But still in honored age the woman waits,
Reaping the harvest rising to her hands.

In every Christian land her name is blessed,
Her work shall live when she has laid it down.
We, each, who serve the sick and the distressed
Increase the eternal glory of her crown.

R. B. SHERMAN.

*[We have departed from our custom of putting verses in the Christmas number only, to insert these in the month when Miss Nightingale's birthday comes. Ed.]

RED CROSS WORK

THE RED CROSS AND THE NEW YORK COUNTY NURSES' SOCIETY

THE principal feature of the meeting of the New York County Nurses' Society held April 7th at the Bellevue Nurses' Club was what had been announced as "an open discussion on the Red Cross situation" with special reference to the question of the affiliation of nurses' associations with the Red Cross and lecture courses for the benefit of the public delivered under the auspices of the Red Cross.

The subject was introduced by Miss Pindell who stated that the New York City Training School for Nurses Alumnae Association had sent a communication to the Nurses' Committee New York State Branch Red Cross, asking for recognition as an affiliated association with the Red Cross Nurses' Corps. Miss Pindell read the answer received from the Secretary of the Nurses' Committee, also the rules of the committee in regard to the enrollment of nurses for Red Cross service. A syllabus of a course of lectures on Home Care which had been given in Washington under the auspices of the Red Cross was also read and Miss Damer was asked to open the discussion.

Miss Damer said that she felt that the nursing profession had not been doing its duty by the Red Cross, for as the Red Cross had shown its willingness to conform to the nurses' standards, the nurses should either have enrolled or stated the reasons why they were not willing to do so. If they took no action in the matter they must expect that the Red Cross would take other steps to provide nurses for their work. With regard to the affiliation of nurses' organizations with the Red Cross, the nurses would need to go very slowly. For one reason, they had already undertaken more work than they had been able to attend to and instanced the Public Health Committee which had been appointed at the last annual convention of the Nurses' Associated Alumnae. She advised the nurses to first ascertain what benefit it would be to them to affiliate with the Red Cross, and also what responsibilities that affiliation would entail, just what they would bind themselves to, and she mentioned that the Red Cross had undertaken to train its own nurses for tuberculosis work. This last statement was not correct as was stated later by Mr. Charles W. Hurd.

Mrs. Edmond Kelly stated that if instruction was to be given in nursing matters she thought the nurses were the proper people to undertake it.

In regard to the matter of affiliation of Associated Alumnae through Central Committee Red Cross, Mrs. Charles G. Stevenson stated that she thought it advisable, because in the first place, it would lead to a uniform standard of enrollment throughout the States. At present, every State could make its own rules, subject of course to the approval of the Central Committee. Also if the nurses' organizations did affiliate they would be more likely to have a voice in the selection of their representatives on the Committee for the Enrollment of Nurses.

Mrs. Stevenson was then asked to give some information with regard to the Red Cross work she was doing in Brooklyn. Mrs. Stevenson began by referring to the discussion on teaching Hygiene in the Public Schools and on tuberculosis work at the last convention of the Associated Alumnae which had led to the appointment of the Committee on Public Health. She said that in order to arouse public interest in a question of this kind it was necessary to first enlist the interests of the parents. She then quoted Mayor Lynch's address made at the last annual meeting of the New York State Branch Red Cross in which he said that in order to get members and to keep up their interest in the Red Cross, opportunities should be given to show them that they have a part to play in Red Cross work and that universal instruction of people in the laws governing sanitation would seem to be a peculiarly appropriate field of work. In organizing the New Utrecht Society, a part of the Brooklyn Sub-division of the New York State Branch American National Red Cross, Mrs. Stevenson said she had carried out the idea of the Associated Alumnae and had appointed a Public Health Committee, to arrange for courses of lectures on Hygiene, Sanitation, Emergency Nursing or First Aid. A number of persons were interested in Brooklyn and she asked the registered nurses to coöperate with the Red Cross in lecturing to them. If not, she asked them to answer this question, whom did they think competent to undertake that work.

In reply, Miss Dock spoke very emphatically against the registered nurses taking any part in this work for the reason that "the glamour of the Red Cross" always attracted an undesirable class of persons. If such people were given instruction by the Red Cross it would be detrimental to the interests of the properly qualified nurse because these amateurs would immediately enter the nursing field in competition with the registered nurses and it was the duty of the registered nurses to protect the general public from all such nursing quacks. Miss Dock also said that if the Red Cross was going to give lectures of this kind, the registered nurses would place themselves in a very foolish position

by enrolling for Red Cross service; she did not think the nurses ought to enroll unless the Red Cross agreed not to do anything of the kind.

Before beginning to speak Miss Dock had asked if any of the Red Cross people were present and Mr. Charles W. Hurd, Field Agent and member of the Executive Committee New York State Branch, was introduced by Mrs. Charles G. Stevenson. Mr. Hurd took part in the discussion that followed. Finally Miss Damer stated that as long as the nurses were not enrolled in the Red Cross they had no right to take any action with reference to work that was being done by the Red Cross, and she offered a resolution that all delegates present from nursing organizations instruct their members to enroll either in the Red Cross Nurses Corps or as regular members. After this resolution had been adopted Miss Gladwin, Superintendent of Nurses, Woman's Hospital, Manhattan, asked permission to say a few words.

Miss Gladwin stated that she had met the women in Brooklyn who were interested in organizing this class, that they were chiefly the mothers of families and homekeepers. Not one of them supposed for an instant that attending a few lectures would qualify her to take the place of the professional nurse. Miss Gladwin said she had spent several years in a small town where there was much demand for such simple instruction as these classes were intended to give, to help people to live better and to prevent sickness and disease. She had been frequently asked to instruct such classes, she had done so in the past and should be glad to do so again whenever her other work permitted.

The meeting was then adjourned.

ITEMS.

THERE have been several changes made in the rules governing the enrollment of nurses for the Red Cross in New York State. At the meeting of the nurses' committee on March 5th, it having been found that it was oftentimes a great inconvenience and sometimes impossible for an applicant to appear before the enrollment committee, Rule 2 was made to read:

All applicants must file letters of reference from two nurses of good standing, vouching for the moral character, professional standing and suitability of the applicant for this special work, unless she is endorsed by the executive committee of an affiliated body of the New York State Red Cross of which she is a member.

Rule 4 is to read:

All applicants must appear before a member of the Nurses' Committee for examination, and must present to the committee, with their other papers, the endorsement of their application by that member of the committee, unless the alumnae association of which she is a member is an affiliated body of the New York Red Cross.

Rule 5 was added as follows:

All applications for enrollment must be filed at the state office.

The names of nurses enrolled since the last report are as follows: Miss Katherine Cole, R.N., Troy; Miss Anna M. Beadle, R.N., Troy; Miss Anna T. Pederson R.N., New York; Miss Martha E. Bollerman, R.N., Astoria; Miss Nora Brown, R.N., New York; Miss Frances Detwiler, R.N., New York; Miss Marie Louis, New York; Miss Eleanor M. Scott, Rochester; Miss Jessica S. Heal, Rochester; Miss Elizabeth Weber, Rochester.

Hon. Robert W. Heberd, Commissioner of Public Charities in the city of New York, has substituted the staff and serpent in the hospitals of his department instead of the red cross, on the sleeve of the white uniforms, as heretofore. The Commissioner was glad to make this change, realizing fully the importance of protecting the emblem and limiting it to its proper field.

In the April number of the *Red Cross Bulletin* is an article by Surgeon Braisted of the United States Navy on "The Japanese Red Cross Nurse" which closes with the following suggestion:

It has seemed to me that as the experience gained by the Japanese in the last war has shown that it is especially desirable that Red Cross nurses for use in the services should have training in Military Hospitals to familiarize them with military ways and customs, that it would be wise and economical that in all general army and navy hospitals provisions should be made for the training of Red Cross nurses in time of peace. Experience has shown that the ordinary trained nurse, not responsible to any central organization or stringent discipline, has been far from satisfactory. A Red Cross nurse who has proven herself by a period of observation worthy of employment for the care of the sick of the army and navy, might safely and economically be employed in the military hospitals at government expense, thus providing a specially trained corps of female nurses for our soldiers and sailors of unexcelled professional and moral excellence and providing for this type of woman a compensation and permanent calling for which by nature she is specially fitted.

When we realize that in the navy alone there are seventeen general hospitals without any provision for female nurses in peace or war, the opportunity for this work by the Red Cross is at once evident. Such an organization in time of peace would lend itself to ready and rapid expansion in time of war.

I feel that this suggestion merits at this time the earnest consideration of the Red Cross of the United States.

NURSING IN MISSION STATIONS



NURSING IN A FOREIGN LAND

By E. C. WOODS

THE conditions which will confront a nurse in a hospital in such a country as China are not just those in which she has received her training. Yet from many points of view they are such as to attract rather than to repel. It is the conditions that really make the work the opportunity that it is, especially in such an opening as is now presented in the University Medical School in Canton, the foreign work of the Christian Association of the University of Pennsylvania. The work has just been started. One physician is now on the field, Dr. J. C. McCracken, 1901, University of Pennsylvania. He is purchasing land on which it is expected to erect a permanent dispensary and hospital, for which the money is in hand. At present he is at work learning the language and meeting from twenty-five to fifty patients daily in the small temporary dispensary. The first year's work of the nurse would be that of learning the language and helping in the dispensary a few hours each day. Later on, with the coming of the hospital, her duties would be that of a graduate nurse, and as proper candidates presented themselves, she would train several assistants, acting as head nurse to them. As the hospital grows, she would train as large a staff as would be required and act as superintendent. She would need patience and ability to modify methods so as to suit existing conditions. The set rules of an American Hospital could not be imposed unchanged upon a hospital in China. But principles are the same and will in every case point to the best methods. The work is small in its beginnings, and discouragements must be expected at first, but persistent effort will bring a realization of the greatness of the opportunity. There are still other attractions: chief of which, and inclusive of most, is the community of fifteen to twenty cultivated and enjoyable Americans, situated at the Canton Christian College, whose campus joins that of the Medical School. Canton also is a large city with a foreign settlement. The following quotations from a letter written by Dr. A. H. Woods while in China, and who worked in Canton for about seven years, may be of interest to any prospective candidate:

This is to give our views about a nurse. Just a commonplace nurse would not make a success out here at the present juncture. So far as I know no one has yet undertaken in China just the kind of work that we desire the nurse to do. Conditions make it necessary that we find an unusual combination of characteristics in the man or woman who is to start our training school. The root trouble here is that the spirit that makes men and especially women in America love the work, is entirely lacking. It is looked upon as drudgery, and only the lowest class of men and women will undertake it. Hence we want a nurse who can inculcate the spirit into the pupils and train them.

The conditions the nurse must confront are these:

As things now are native women will have to be trained by a master-hand before we would dare trust them to nurse men patients. It could be brought about by the right woman. Of course with the woman patients the problem is easy.

To start the nurses' department will require some one who will go in and do all the necessary tasks before the eyes of the assistants, but with such a bearing that they will never think of the work being servile; on the contrary they might be led to want to do it simply because they saw their leader doing it.

The people out of whom we must make our nurses are deficient in faithfulness. The trainer of nurses in China will be often discouraged by a degree of carelessness and petty weaknesses that are not often encountered in America. Here again, however, the right nurse could in the end succeed in transforming such material as we have into what we need.

The woman to do this work should be mature, with proper poise, so unquestionably a lady that low men patients would be unable to say vulgar things in her presence. She must be not only a good nurse, but able to train others, to organize the work for us and keep it going.

Concerning the danger of such a woman marrying and so leaving us, I have no suggestions. The proper woman for any difficult place is bound to be just the right woman for some man to fall in love with. But if, to other qualifications, she could add this virtue of widowhood or celibacy, it would leave us with a freer outlook. A clause in the contract could easily cover this point so as to be fair to both parties.

I write thus in detail about the difficulties because you will be asked in detail about the situation. It is important that no one come out to do this work without knowing what it means. If in the face of such knowledge a good nurse determines to come, we would have greater likelihood of seeing the department started and carried to success. We doctors will keep in close relationship with the head of the nursing department. We will all be together and so should be socially congenial. There will be no such thing as friction, if all recognize that as specialists each has his own responsibility. The nurse has the nurse's special work which is as dignified as that of an architect employed to build a building. We would not look for servile obedience, but we must of course have the ordinary coöperation such as would exist in a good hospital. The nurse should have a private suite of rooms, and set of servants, conveniently near the hospital. It is essential that the language be mastered, hence our desire to see the nurse out here and studying, early in the history of our work. We must insist upon all of our workers perfecting themselves in

the peoples' colloquial. Without this we will be working forever with dull tools, and misunderstandings with the people will be inevitable.

The salary for such a position is not meant to cover the worth of the person filling it. That is impossible. It is only meant to enable the worker comfortably to give her time and energy to her work. It would be six hundred dollars a year, with fifty dollars to help towards a summer outing of two to four weeks and a winter holiday of two weeks. The period of service would be six years, one of which would be spent at home on furlough, salary to continue during that time. She would also receive her necessary travelling expenses and rent of house or suite of rooms. Should she voluntarily resign within five years she would refund all travelling expenses and one-half of her salary; or within three years all money received to date. Further particulars of this position can be obtained by writing to Dr. J. C. McCracken, Canton, China, or to Edward C. Woods, Houston Hall, University of Pennsylvania, Philadelphia, Pa.

ITEMS

FROM *Woman's Work* we quote the following:

DOUW HOSPITAL AND DISPENSARY, PEKING.—Dr. Eliza E. Leonard in charge; Miss Janet McKillican, nurse.—Miss McKillican's return has been an inestimable boon. She had charge of evangelistic work, and gave valuable assistance in the operating and clinic room. We have had two Chinese assistant nurses, but neither belong to our mission and, the coming year, they will be engaged elsewhere. There are now so many avenues open to young women that one must have a real love for it and be animated by the spirit of the Meek and Lowly One, in order to deliberately choose a nurse's calling and make a success of it. Our experience the past year has proved there are such young women in China. Practically none in North China, outside of a mission school, is fitted to attempt the life. Regular lectures have been given in the Training School, five nurses being in attendance.

HODGE MEMORIAL HOSPITAL, PAOTINGFU.—Patients try to give something to the hospital to show their gratitude for help. It is often hard to accept their gifts, because we know that the few copper cents they have hoarded and brought, wrapped in brown paper and tied with a red string, have probably been saved from needed food.

IN Hiogo, Japan, a native gentleman offered to present the portrait of some distinguished man or woman to a primary school, according to the children's own choice. George Washington headed the list, but Miss Nightingale, the only woman whose name appeared, received thirteen votes.

A young Chinese father, a Harvard graduate, whose baby was ill, came to a missionary to ask whether he might borrow her copy of Dr. Holt's *Care and Feeding of Children*, as his wife did not know how to care for her sick child.

A MESSAGE FROM KOREA.—Miss Margaret Edmunds writes from Seoul to the JOURNAL:

Your opinion of the *Manual of Nursing* as published by the Medical Association of China is especially interesting since this very book is now nearly ready for publication in the Korean language.

Korean women have proven their ability to become thoroughly good nurses. School diplomas and gold pins are now being made in America and will be presented next year to Korea's first graduate nurses.



THE PROBLEM OF DISINFECTION.—*The Medical Record* in an editorial says in part: Professor H. Kenwood, a recognized British authority on disinfectants and on disinfection generally, recently read a paper on the subject in London. Among other valuable information he gave was the fact that there is an advantage in the use of disinfectants in a warm condition. The physical conditions under which germicidal tests are made are of greater importance than is usually thought. The atmospheric temperature is of great importance a precise temperature, 20°C., has been fixed by the Lister Institute as of necessity, if strictly comparable results are to be obtained. In regard to disinfecting rooms which have been occupied by persons suffering from infectious disease, Professor Kenwood appeared to be in agreement with the custom followed in some parts of America not to disinfect rooms at all unless the patient had been detained in them for a long period. From the standpoint of efficiency there can be little to choose between different methods of disinfection, provided that it is recognized that they represent but one step of several which are necessary for the complete disinfection of the room and its contents, and that the most important of these steps are the washing down with soap and a disinfecting solution of all those surfaces on which dust, and with it germs, can settle, and the removal, for steam disinfection, of all articles into which germs can penetrate.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

TRANSPLANTATION OF KIDNEYS.—*The New York Medical Journal* refers to an article in *The Journal of Experimental Medicine* stating that the author successfully transplanted the kidneys from one cat to another.

THE BEST THINGS IN THERAPEUTICS.—In *The Boston Medical and Surgical Journal* Dr. Gustavus Eliot gives the following drugs as of greatest value, both to the practitioner and to the patient: 1, Mercury in syphilis; 2, the salicylates in rheumatism; 3, quinine in malarial affections; 4, antitoxine serum in diphtheria; 5, aconite in the fever of acute diseases; 6, digitalis in chronic heart disease; 7, alcohol in cardiac weakness of acute disease; 8, ergot in uterine and pulmonary hæmorrhage; 9, creosote in diseases of the respiratory organs; and 10, the bromides in nervousness.

THERAPEUTICAL ACTION OF RADIUM IN CUTANEOUS TUBERCULOSIS.—*The New York Medical Journal*, quoting from *La Presse Medicale*, says: Wickham and Degrais speak of the effects produced by radium on several forms of tuberculous skin disease, and conclude that, in their opinion, radium can render good service in every form of cutaneous tuberculosis, and that it deserves a place in the treatment of granulations, tuberculous ulcerations, lupus of the conjunctiva, of the vicious cicatrices which follow lupus erythematosus.

CLEANING INSTRUMENTS.—*The Dental Cosmos* states that to remove coating from instruments which have been boiled use of prepared chalk, ammonia, and alcohol, each 2 parts, water 4 parts. Rub the instruments with a cloth saturated with this solution, then rub them dry with another cloth.

SUDDEN DEATH IN PNEUMONIA.—In *The Medical Record*, Dr. Parker Worster advocates cold application in severe cases of collapse in

pneumonia. He says that the excitation of cold is the most powerful and energetic agent for combating such collapse and can be accomplished in the following manner: A bathtub of water at 100°F. to extend just above the patient's hips is prepared and the patient placed in it or held in a semirecumbent position, and several basins of water at 60° or lower, as the case may indicate, are poured over his shoulders, chest, and back, the operator standing on a chair and holding the water as high as possible so as to get the required force. Such a procedure, if the patient is unconscious or delirious, will often arouse him to consciousness and brighten his eye, and his countenance will wake up from its apathetic appearance, his shallow respiration will become deeper, and the excitation of the cold upon his bronchial tubes will cause him to cough and expectorate and free them from mucus and his air cells from threatened hypostasis, his cyanosed and marble skin will become ruddier, the capillary circulation will be reestablished, and the heart will gain in force and diminish in frequency. This procedure will positively change the whole aspect of the case, and perhaps only one application will suffice to save the life of that patient.

THE USE OF ANTHRACITE COAL ASH AS A SURGICAL DRESSING.—*The Journal of the American Medical Association* records that Clark has made experiments with anthracite coal ash pads as surgical dressings. He concludes that in cases where gauze cannot be obtained or the expense is too great, ash pads form a good substitute. In freely discharging sinuses and suppurating wounds the discharge will be well taken care of. When the discharge is thick and gummy, or where weight or bulk of dressing is contraindicated, they should not be used. They are particularly applicable to discharging wounds of the axilla, popliteal space, and palm of the hand, because they fit snugly and tend to splint the part. They are also well suited to varicose ulcers and discharging sinuses of the abdomen. The ash pad is made in the following manner: The ash collected from the furnace is placed in a flour sifter and thoroughly sifted. It will be found to fall on a sheet of paper as a soft, brownish, floury powder. This is all the preparation necessary. A piece of old sheet or well washed linen is cut in rectangular shape and of any desired size. The square is placed on a table and a small pile of the ash is placed in the centre. The sheeting or linen is then folded over it, as in making a poultice. Such a pad can be made rapidly, and when examined will be found soft, compact, and absorbent. It can be nicely adjusted to any part of the body with adhesive plaster straps. After

an ash pad has been applied to a discharging wound for some time it becomes moulded to the part, as the ash loses its powdery consistency owing to absorption. It has then the consistence of dough, and acts as a partial splint, being more comfortable than otherwise.

MIGRAINE.—*The New York Medical Journal* in a synopsis of an article in *The British Medical Journal* says: Dobson states that the word "migraine" is the shortened form of hemicrania, and represents a definite entity, and must not be used for headaches in general. Migraine is a functional disease, characterized by paroxysmal attacks of headache, usually one sided, and which may be associated with sickness, peculiar affections of sight, and various mental symptoms. Migraine is looked upon as hereditary, but it is probably the tendency to a neurosis which is inherited. Women are supposed to suffer more than men, but the writer holds the contrary. As to the primary cause of the disease, we can only say there is a hereditary predisposition to a brain storm. When we come to the immediate or exciting causes, it is generally found that mental or bodily fatigue, worry, or eye strain are responsible. Three classes of migraine may be recognized: 1, Simple hemicrania, typical in that it is unilateral and responds to every arterial beat; it recurs every few weeks. 2, Sick headache, again periodical; unilateral headache, culminating in nausea, followed by vomiting and prostration; hereditary. 3, Blind headache. Other and more alarming symptoms which may be grafted on any case of migraine are tingling of lips or the arm, numbness of arm, drowsiness, motor aphasia, and squint (temporary paralysis of the third nerve). The headache is typical in that it responds to every heart beat, is made intolerable by stooping or coughing, and is in the great majority of cases unilateral. The character of the headache, its periodicity, and usual association with vomiting or blindness makes the diagnosis easy. The attack is one of a large group of nerve storms which are liable to sweep over the human organism—epilepsy, spasmodic asthma, tic douloureux, and others. Certain constitutions seem to accumulate stores of nervous energy, which are liberated by one of these explosive methods. Treatment consists in:

1. To lesson the tendency to the explosive action in the nervous centres. Here may be pointed out the necessity for a sufficiency of sleep, nutritious food, but not excessive in quantity, prevention of intestinal fermentation, and regular exercise.
2. To avoid the immediate exciting causes. These are gastric disturbance, constipation, and eye strain. In migraine there is no deterioration of mind.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

PRIVATE NURSING IN INDIA. THE LADY MINTO NURSING ASSOCIATION

THE want of trained nurses in some parts of India has long been keenly felt. Many are the tales of suffering told, and no one questions the statements made by medical men and others, that "many valuable lives have been lost, simply for the want of trained nurses."

Where trained nurses could be obtained, the expense of employing them was so great as to put them beyond the reach of any except those who had large incomes. It was felt that the time had come when something must be done to increase the number of fully trained nurses for private work in India, and make it possible for not only the wealthy, but also those whose incomes were limited, to obtain skilled nursing in time of sickness.

The late Lady Curzon, who took such a keen interest in questions dealing with the care of the sick, both European and Indian, felt that this was a matter which needed immediate attention. A committee was appointed to consider how this need could best be met, and for two years Lady Curzon acted as president and worked hard to obtain the information necessary and formulate a scheme which was submitted to the Secretary of State. This scheme was referred back, chiefly on financial grounds, and before anything further could be done Lady Curzon had left India.

There were already two small nursing associations working in Northern India, the "Punjab Nursing Association" in the Punjab, and "The Up Country Nursing Association" in the United Provinces. These had an influential committee in London which collected a certain amount of money, and selected and sent out the nurses, but they depended chiefly on the fees earned by the nurses, and subscriptions received in India. Both associations were greatly crippled for funds, and the number of nurses was therefore very limited.

The home committee, on hearing of the probability of a new association on a large scale, approached Lady Curzon's successor, the Countess

of Minto, concerning the future of their Indian branches, expressing a wish to join in any scheme which would secure skilled nursing for all classes of Europeans in India.

It was decided to found an association on entirely private lines, by making use of the existing organizations as a foundation. The home committee consented, and promised to become home committee of the new association. The next thing to be considered was finance. It was absolutely necessary to have a sound financial basis. It was decided to establish an endowment fund and a general appeal was made in England and in India, which met with a generous response in India, and fair support from England. The appeal was sent to Europeans only, but some generous Indian princes and gentlemen contributed.

The sum of one hundred and sixteen thousand, six hundred and sixty-seven dollars was invested for the endowment the first year, this endowment to be increased until the association became self-supporting.

The control of the association is vested in a central committee of fourteen with power to add to its number. The wife of the Viceroy is honorary president. Members include the Director-General of the Indian Medical Service, with one representative from the army and from each of the provinces where the association has a center. These members can attend by delegation. The surgeon to the Viceroy is honorary secretary, and the Chief Lady Superintendent controls all matters connected with the nurses. The central committee is responsible for salaries, nurses' passage from England and back when term of engagement is complete, uniform, expenses in illness, and railway expenses for nurses on ordinary or sick leave. The income of this committee is derived from the interest on invested funds, an annual grant in aid from the government in India, and the fees earned by the nurses.

Each province has its own sub-committee of seven. This committee exercises independent control over the nurses (except in appointment and dismissal, which lies with the central committee) and general affairs of the branch, subject to the guidance of the central committee in essentials. The incomes of the provincial branches are derived entirely from subscriptions of members of the association. This goes to pay the board of Lady Superintendent and nurses when in the home, wages of household servants, and the current expenses connected with the upkeep of a home. The government of each province maintains the house and furniture as government buildings.

A scheme enabling the rich and poor to benefit by a sliding scale of fees has been arranged. Any one with an income less than one hundred and sixty-seven dollars per month, by subscribing annually to the provin-

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cial branch three dollars and thirty-two cents can obtain the services of a nurse for the small fee of sixty-four cents per day. Those whose incomes are over one hundred and sixty-seven dollars per month, by subscribing annually six dollars and sixty-four cents, pay for the same nurse a fee of one dollar and thirty-two cents per day. Special concessions have also been made under certain circumstances, and in special cases the provincial committee has power to modify the fees for the nurses or remit them altogether.

Subscribers becoming members of the association can vote at the annual meeting, and have the first claim on the services of the nurses. The fees are the same for all kinds of cases, but midwifery is only taken in especially urgent cases. Non-subscribers can have nurses if there are no calls from subscribers, but they must pay two dollars and sixty-four cents per day.

At the end of 1907, the association had opened ten homes in five provinces, with one Chief Lady Superintendent who visits the different homes and controls all matters connected with the nurses, three Provincial Lady Superintendents, who are responsible for the supervision of the staff under them, and thirty-nine nurses. Where the number of nurses in a centre does not exceed eight, there is no resident lady superintendent, and some local lady who takes an interest in the association is invited to act as honorary secretary for the branch. Nurses as a rule must have had their training in England, a three years' certificate is required, and a certain number must be certificated midwives. The pay is twenty-five dollars per month, with board, lodging and laundry, and thirty-three dollars and thirty-two cents annually for uniforms. After every three years of service an advance of three dollars and thirty-two cents per month is made, until a maximum of thirty-five dollars per month is reached.

Nurses engaged in England receive a free second cabin passage and one hundred dollars for outfit. The engagement is for five years. At the end of that time they have return passage to England. Nurses engaged in India engage for three years. All nurses wishing to re-engage for a second or third term must first take a post-graduate course of not less than three months and must produce a certificate of proficiency, the hospital to be chosen by the central committee. One month holiday annually on full pay is allowed. Provincial committees have power to grant short intervals of leave for rest on full pay from time to time. Leave on medical certificate on full pay may be granted for a period not exceeding six months.

Nurses engaged in England are selected by a special committee, of

whom Miss Sidney Browne, R. R. C., late Superintendent-in-Chief of Queen Alexandra's Army Nursing Service, is secretary. Nurses wishing to join the association, apply to her at 29 Mortimer Street, London, W. Nurses engaged in India are selected by the Chief Lady Superintendent.

J. W. THORPE,
Sansi, India.

A letter from Africa brings us the following:

BESKRA, ALGERIA.

WE visited the hospital last week. It was founded by Cardinal Lavigerie for the sole use of Arabs. The Cardinal seems to have done a lot of good work here during the first days of the French occupation. The hospital named after him is a low building, all but a small part one-story high, and has nice gardens about it. It has over one hundred beds and is in charge of Catholic Sisters. The Superior, who showed us through, seemed very kind and sympathetic, and bemoaned the fact that the natives suffered chiefly from diseases brought by Europeans. The hospital wards were airy and very clean, and all but a few patients were in the garden having their lunch. They squatted on the ground, as is their custom, and ate with a relish their bread and beans.

REBECCA SHATZ.

ITEMS

THE New Zealand Nurses have brought out a Nursing Journal, and we hope soon to receive a copy. Its name is in the native tongue of the Island—*Kai Tiaki*, which means the Guardian or Watcher.

THE English nurses, whose registration bill is again before the House of Commons (though hardly likely to pass until it is made a government measure) have again been treacherously attacked from the rear by their enemies, the mediæval-minded gentlemen who are determined to control the nurses' living conditions. These men have introduced into the House of Lords a bill which the *British Journal* rightly calls a "Subjection of Nurses Bill," to provide for an Official Directory of Nurses. It was drawn up in secret, no nurse was consulted; it was railroaded into the House of Lords, and its purpose is to exclude nurses from any share in the control of their own profession. Why does not Mr. Sidney Holland, who appears to be a kindly and well-meaning person, cease this unmanly and paltry guerilla warfare against women to whom the Empire of Great Britain owes such an enormous debt? Where is the vaunted "fair play" of the noble Anglo-Saxon? This refusal to admit that nurses have a right to sit on the examining boards of their own body is a survival of the slave-holding spirit, and inspires contempt and indignation.

The British Journal of Nursing gives the following news from India:

At the recent distribution of prizes to the Nurses of the Albert Edward Hospital of Kolhapur, an interesting report was presented by Dr. Krishnabai Kelakvar. A class of nurses was first founded by Dr. George Sinclair soon after the foundation of the hospital sixteen years ago, and had to be recruited from amongst women who could scarcely read in the vernacular. But with careful teaching these nurses were able to do good work. Two were commissioned for personal attendance upon the Ranee, and the others were drafted on to the hospital staff where for twelve years they have given great satisfaction to the State and hospital authorities. They have rendered great assistance in the surrounding districts in difficult labor cases, their services being constantly requisitioned over an area of from ten to thirty miles to relieve women in delayed labor. Now middle class families have begun to avail themselves of their services in ordinary labor cases. Slowly tradition is yielding before them and they are effecting amongst the conservative high-class women, by their practical work, what it has been impossible to accomplish by oral teaching.

In April, 1905, owing to the rapidly increasing demand for nurses another class was opened, and the Maharajah showed his sympathy with the project by sanctioning scholarships to meet the necessary expenditure. This time it was possible to secure a better educated type of nurse, and the work of well mannered nurses did much to popularize western treatment in the eyes of the public. After a two years' course, ten out of the twelve pupils passed the final examination, and were at the recent prize giving awarded certificates entitling them to practice as nurses and midwives. Of these ten three are Brahmin widows, one is a Mohammedan, one a Rajput, one a Koli, three Marathas, and one a Jain. This Jain nurse is probably the first in her caste in the whole Bombay Presidency to take up the profession, and Dr. Kelakvar says "it is interesting to note that in spite of being a mother of three children she has stood first in this class." We congratulate Dr. Kelakvar on the result of her efforts, and heartily wish success to our Indian sisters in the work upon which they are entering



THE VISITING NURSE DEPARTMENT

IN CHARGE OF
HARRIET FULMER

SOCIAL SERVICE CONFERENCE

On the evening of March 14th, a large audience representing the social activities to which the services of the trained nurse have been directed, gathered at the Henry Street Settlement to listen to a most interesting and stimulating recital of the extension work of the Massachusetts General Hospital, inaugurated by Dr. Richard Cabot and under the supervision of Miss Ida Cannon, a trained nurse. The District Nursing Associations which were represented at the meeting include the following:

Department of Health Nurses; School Nurses; Presbyterian Hospital Visiting Nurses of Brooklyn; Henry Street Settlement Staff of Visiting Nurses; Social Service Workers in New York City; Bellevue Hospital, Miss Wadley and Assistant; Presbyterian Hospital, Miss Mounce; Mt. Sinai Hospital, Miss Johnson; New York Hospital, Miss Jameson; Vanderbilt Clinic, Dr. Leader; Cornell Clinic, Dr. Dyer; Westinghouse Lamp Co., Dr. Blaustein; Wanamaker's Store, Miss Duncan and Assistant; Vantine's Store, Miss Horton; Abraham and Straus' Store, Miss Wood and Miss Heller.

Miss Cannon told of the origin of the Social Service in the Out-patient Department of the Massachusetts General Hospital. The work was started in October, 1905, by Dr. Richard C. Cabot, who was convinced that the physician's efforts in the big clinics should be supplemented by those of the social worker. The work has grown rapidly until now there is a staff of six paid workers and sixteen volunteers.

She outlined the various divisions of the work. They were as follows: tuberculosis, with two classes for home treatment; hygiene, with individual and home instruction, cases sent to convalescent homes; work for psycho-neurotics, with occupation class; sex problems with unmarried pregnant girls; and ward work with cases needing friendly offices and those soon to be discharged. All cases that can be well cared for by existing agencies are referred to them.

Researches into the social aspects of varicose ulcers and the condi-

tion of ex-sanatoria tuberculosis cases are being carried on. The object throughout is to make the hospital treatment effective.

Miss Cannon felt that such social work offered a large, new field of activity for which nurses ought to prepare themselves; that our present training schools are too specialized for preparation for Social Service; and that it would be well if nurses might have the opportunity for social training either through elective or post-graduate work.

THE Instructive District Nursing Association, Troy, New York, was incorporated February 19, 1908, and the first annual meeting was held February 28, 1908. The constitution was adopted and elections were held for officers, a board of managers and an advisory board. The date of meetings is the last Friday of each month. The association expects to begin work as soon as the services of a qualified, graduate nurse can be secured. It is proposed to begin with one nurse whose support will cost about eight hundred dollars annually, and to increase the number of nurses as the means at hand will permit. Members pay an annual fee of two dollars. The president of the association is Mr. Robert Cluett.

THE Woman's Club of Honolulu, Hawaii, will pay twelve hundred dollars a year for a visiting nurse of experience and ability to take charge of special tuberculosis work. For particulars apply to the editor of this department, Miss Fulmer, 79 Dearborn Street, Chicago.

REQUESTS have come from several sources for papers on the following: "How to Form a Visiting Nurse Association," "Story of a Day's Work Done by a Special Tuberculosis Nurse." The editor will be glad to have these two short papers by June 1st.

THE Visiting Nurse Association of Chicago receives an average of ten letters a day in reference to various phases of visiting nurse work. Unintentionally it has grown into a bureau of information on the subject. Every visiting nurse is asked to send to Chicago all printed matter pertaining to her work, and the addresses of all societies and individuals engaged in any phase of house to house nursing. A card catalogue of all associations is being collected, and the editor will be very grateful for assistance in making this information up to date and complete.

WE are all looking forward to the publication of Miss Waters' book on Visiting Nursing.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

THE CLINICAL THERMOMETER

IN answer to M. L. B.'s question in this department in the February JOURNAL, we submit the following, gleaned in a medical library; it more than covers the ground, but it all seemed interesting.

From Quain's Dictionary of Medicine: The thermometer was invented by Galilei, about 1603, but it was Sanctorius (1561-1636) who first had the idea of investigating the temperature of the human body in health and disease.

From Buck's Reference Handbook of the Medical Sciences: Sanctorius is said to have adapted the thermometer to the investigation of human temperature but fully a century elapsed before any systematic use of the instrument for that purpose was recorded. Boerhaave, VanSwieten, and DeHaen are the three names which appear most prominently in the literature of thermometry in the 18th century. But it required another hundred years to bring thermometry into favorable clinical use. There is hardly a better example of the apathy with which the medical profession of the time regarded the introduction of methods destined to become of inestimable value in the study and cure of disease.

The universal use of the clinical thermometer at the present time is due to the labors of a multitude of investigators and teachers, prominent among whom are Baerensprung, Traube, Wunderlich, Becquerel, Maurice, Aitkin, and Seguin.

For convenience of use, thermometers are now generally made self-registering. This was first attained in the instruments used by Currie in the early part of the present century, by means of a small piece of iron resting upon the surface of the mercury. The expansion of the mercury caused this to rise, but its contraction did not draw it back. The register had to be restored by shaking, in the manner which is used to restore the index at the present time.

NOTE—We want to remind our contributors that anonymous communications are not published in this department unless the name of the writer is known to the editor.

The register which is now generally used is that known as the indestructible index, secured by a constriction of the tube near the bulb, so narrow as to prevent the passage of an unbroken column of mercury through it. The expansion of the fluid causes it to pass the constriction, but a greater force than that of gravity or of the cohesive power of mercury is required to draw the column back into the reservoir. The index must be shaken down.

MEDICAL REMINISCENCES

DEAR EDITOR: In a recent JOURNAL someone asked for the history of the clinical thermometer. One answer has already been printed, giving the history of the invention of the ordinary barometric thermometer; to which I would like to add the following:

Shortly before his death and twenty years after he had given up practice, I had the pleasure of nursing in the family of Dr. James R. Chadwick of Boston. Dr. Chadwick had been the associate and friend of James Jackson, Oliver Wendell Holmes, Marion Sims, Fordyce Barker and the other great men, now dead, who did so much for medical history in this country, and never tired of telling me stories about them. He told me that James Jackson, the father-in-law of Oliver Wendell Holmes, first introduced in this country the cold-bath treatment for fever patients; the first patient he so treated was a sailor sick on board ship with typhoid or typhus fever, and Dr. Jackson took his temperature by placing the ordinary ship's thermometer in his axilla. My impression is, that Dr. Chadwick said this was the first attempt at taking body temperature. The making of small thermometers for clinical use, doubtless began as soon as the practice was established. I think I am correct in saying that the improvement of a self-registering index (mercury which stays up until it is forcibly shaken down), is recent—within the last twenty or twenty-five years.

RUTH BREWSTER SHERMAN, R.N.,
Baltimore, Maryland.

EDUCATIONAL REQUIREMENTS

DEAR EDITOR: I have been reading with interest the discussion on shortage of applicants to the training schools for nurses. I think that probably the hard, monotonous work with so little freedom (for the successful nurse is usually on a case) has something to do with the trouble. I find myself often very tired of it, and my cases are mostly of the best people and generally pleasant, but how I long sometimes to get away from

it all, away from everybody but my own people, and I suppose other nurses feel the same.

No doubt the increasing number of schools is another reason for the shortage, which means not so much a shortage as greater demand. As for the three year course, that is an advantage that most women who are sincere in becoming nurses should be glad of. I was the first nurse to register for the three years' course in Germantown Hospital, Philadelphia, but it did not strike me as being a hardship; my one idea was to become a good nurse. I think it would be a pity to enforce the one year high school requirement of the New York Education Department, as there are women like myself who are unable to have it, and it would be the only reason for their not being admitted to the training schools. My own case was either music or school and having a hope of making music my life work, I gave up school when in the grammar grade. Afterwards my health failed, as I studied music too closely, and was compelled to give it up. To earn my living was necessary, so I turned to nursing, which I have made a success, if one can judge by time being well filled with good cases. No doubt plenty others can tell similar tales, but do not misunderstand, I do not mean that higher education is not a great advantage, I only hope good women will not be barred out because lacking it.

S. P. R., R.N.

WHERE ARE NURSES NEEDED?

DEAR EDITOR: The JOURNAL is so instructive and inspiring that after reading a copy a nurse has a deeper conviction that it is good to belong to a profession whose sphere of usefulness is so broad and so absolutely necessary, but I agree with the writer of "A Nurse's Point of View" in the April issue that a woman finds herself in an unfortunate position who has right equipment and not opportunity to demonstrate it. When long waits between cases compel the spending of every dollar for actual living expenses one earnestly seeks a reason for non-success, and not finding it in herself concludes it lies in an over-supply of nursing service in that locality; hence her fortune could be mended by going where there are fewer nurses and a greater demand.

Barring the south, has the JOURNAL knowledge of any part of the country not adequately supplied with trained nurses? Such information would be valuable to me and I should be very grateful for it.

C. H. J.

A COMMENT

DEAR EDITOR: The nurse's letter on page 545 of the April issue seems quite inconsistent with the difficulty of the Red Cross in obtaining volunteers and the advertisement of the National Headquarters of many positions to be filled.

H. F. K.

SUGGESTIONS

DEAR EDITOR: The other day while reading an editorial article in the nursing journal I came to a part which said, "that nurses doing private duty seldom write about their work, and that it sometimes seems as if all the women of ability had taken up hospital work."

I, for one, believe that to-day no nurse with much individuality or ability can remain long in private practice and therefore they either give up the profession altogether or commence to do institutional work, if they feel they can afford to work for the small salary paid.

I continue to do private nursing not that I wish to, but, first, because I enjoy taking care of the sick and am happy while doing it; secondly, I do not approve of caps, aprons, bibs, etc., that nurses are obliged to wear when in an institution—superintendents excepted. I do not wear any of the above while doing private nursing and why should we be compelled to while in hospitals as graduates or when nurses in training. Nothing is cleaner or neater than a plain well-made white dress and I am sure the nurses would soon adjust themselves to keeping a dress spotless when once they became accustomed to not having an apron to spot and change at will; as for laundry, two white dresses a week is a great deal less than one dress and half a dozen aprons, bibs, and cuffs. On the other hand white will boil and gingham won't.

Again, take the District Nursing Associations of some of the cities. The hats the nurses are compelled to wear make most of them look "frights." In no other profession, except where it is due to the individuals' eccentricity, do they show such lack of all beauty in dress as in the nursing profession. It is much more economical to get something you will look your best in, even if you have to wear it three times as long, as to buy some cheap, gaudy, or dowdy clothing that only helps to spoil the beauty around us.

I have always felt that it would be of benefit to the public if the rich who give money to build hospitals in small towns, in memory of themselves or some relation, or as in some cases where the town appro-

priates the money, would give a fund the proceeds from which should be used in paying competent district nurses to make daily rounds among the sick. The poor would have the best private nurses and the public would derive untold good from it compared to the benefit received from small hospitals. I feel justified in saying that half a dozen paid nurses in some of these smaller towns and no hospital would do infinitely more good than hospitals and would not cost as much in the end. If we had less of these small hospitals we would have fewer poorly trained nurses and it would open up a field for the competent graduate nurse.

I am certain if nurses and doctors would bring before the public the need of funds to carry on hospital work they would be left larger amounts and in the end those who are connected with the work of the hospital would be paid a sufficient salary to enable them to save a little for sickness or old age. If nurses are to give their time and often health in caring for the sick and receive so little in return that they can't save any, it means they become a burden to some one later on, perhaps the hospital they have been in, hence nothing is gained in the end but much lost.

M. J. U., Boston.



FEED THE HOSPITAL PATIENT.—In an editorial under this heading *The New York Medical Journal* makes an earnest plea for more care in selecting and preparing food for hospital patients. It says:

In almost all our hospitals the food provided for the patients is abominably repulsive. It is furnished in abundance, and we do not doubt that it is for the most part nutritious. With a trifling increase of expense it might be made appetizing, and nobody will deny that a sick man's inclination to take food ought to be encouraged rather than smothered.

As regards our hospitals, cookery seems to be a lost art—at all events one that is ignored. Proper attention to the marketing will procure unexcelled roasting pieces of beef at a moderate cost, and the slices ought to come to the wards in better condition than that in which they are ordinarily to be obtained in expensive restaurants, for the patients all dine at a fixed hour, so that the meat has not to be kept warm for an indefinite length of time, whereby the life is steamed out of it. It will not do to say that the patient comes from the slums and has never been used to good living; he is sick, and it would be the part of wisdom to induce him to eat heartily during his convalescence, so as to shorten his necessary stay in the hospital.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

MICHIGAN STATE MEETING

Program of the Fourth Annual Meeting of the Michigan State Nurses' Association, Epworth Heights Hotel, Ludington, Michigan:

Tuesday morning, June 30th. Registration, payments of dues, meeting of executive board.

Tuesday afternoon. Address of welcome and response, reports of committees, president's address, parliamentary law drill.

Tuesday evening. Reception at Stearns' Hotel.

Wednesday morning, July 1st. Business. Report of delegation. Papers: "Red Cross Work," Dr. Rowland; "Nursing for the Small Wage Earner," Miss Flora Nieman.

Wednesday noon. Picnic dinner at Lake Hamlin.

Wednesday evening. Business. Papers: "Profession of Nursing," Mrs. L. E. Gretter; "State Registration," Miss S. E. Sly.

Thursday morning, July 2nd. Business.

Thursday afternoon. Boat ride on Lake Michigan. Experience meeting in charge of Mrs. W. S. Foy.

AN announcement that will be of great interest to nurses is that in the plans for the forthcoming Congress on Tuberculosis to be held in Washington in September a session entirely for nurses has been provided for. It will come under Section V, of which Edward T. Devine of New York is President, and will fall in the week of September 28th to October 3rd.

At a meeting of nurses called by Mr. Devine in New York on April 16th, it was arranged that the work of nurses in the campaign against tuberculosis should be represented in three ways at the congress: 1. There will be certain papers allotted to nurses in the general sessions. 2. There shall be the special nurses' session for the purpose of enabling them to bring their special problems and lines of prevention work for discussion among themselves. 3. There shall be exhibits received from nurses, which will be shown in connection with the exhibits of work with which the nurses' work is related. Thus where a Dispensary exhibits its system and scope, the nurse who goes from the dispensary into the home should demonstrate her following-up or teaching and nursing work as an agent of the Dispensary.

The need and usefulness of a special nursing session was urged especially

by Miss Nutting, at whose instance a committee was appointed to work up a program. Those who were present, all of whom will go on this committee, were Miss Maxwell, Miss Goodrich, Miss Wald, Miss Hitchcock, Miss Damer, Miss Dock, Mrs. Robb, and Miss Nutting, who was appointed chairman. Miss Dock agreed to act as secretary for the special session. The collection of exhibits will be undertaken by some one else to be announced later. A number of other names for the committee were proposed and will also be announced later. One paper to be prepared for the general sessions is to give a summary of nurses' work in tuberculosis. *For this all nurses in this line of work are asked to send the leading facts in connection with it, briefly stated, to Miss Dock at Fayetteville, Franklin County, Pennsylvania. It is desirable to show the extent, and the nature of the nurse's share in the anti-tuberculosis campaign.*

For the special session a program of short papers will be prepared, each one dealing with *some one practical point*. It is hoped that every one present will contribute a short, written discussion of the special point in which she is most interested. The outline of the program covers: The nurse's work in protecting the family of the consumptive; her arrangement of room, bed; her devices for fresh air, nourishment, exercise, occupation for the patient; her ways of disinfection and teaching the family how and what to disinfect; her work with mothers, children in school, tuberculosis classes, her use of leaflets, what is useful in teaching; her work in sanatoria, day camps, floating hospitals, etc., etc.

As the time is short, all who have useful material to contribute are asked to communicate at once with me. For present information about exhibits, write to Miss Nutting at Teachers College, New York.

L. L. DOCK,

Secretary of Special Session for Nurses in Tuberculosis Work.

NEW YORK STATE EXAMINATION

THE next examinations for registered nurses for New York State will be held June 23rd to 26th, and candidates should make application at once to the Education Department at Albany. There seems to be still a general misunderstanding among the older graduates in regard to registration without examination.

The terms of the waiver for non-graduates expired April 27, 1906, but nurses who had graduated before the passage of the bill April 27, 1903, or who were in training at that time, and who can comply with the other requirements of the law, are still being registered without examination. Many women who were out of the state at the time the law was passed, or who have come into the state since, being graduates from schools registered with the Regents, are granted certificates without examination.

INDIANA STATE EXAMINATION

THE Indiana State Board of Nurse Examiners will meet at the State Capitol in Indianapolis on May 29th and 30th to examine applicants for registration.

All applications should be sent to the secretary of the board before May 20th.

EDNA HUMPHREY, Secretary,
Crawfordsville, Indiana.

THE HOSPITAL ECONOMICS COURSE

TEACHERS COLLEGE

CONTRIBUTIONS TO ENDOWMENT FUND

Previously acknowledged\$6,327.20

Received since report in March number:

From Miss Davids, Treasurer Associated Alumnae:

Denver Trained Nurses' Association..... \$35.00

Bellevue Alumnae Association..... 250.00

Bellevue Delegates:

The Misses Nash, Perkins, Reading and Rhodes. \$20.00

Miss Rhodes 5.00

25.00

Connecticut Alumnae Association 6.00

Dane County (Wis.) Nurses' Association..... 20.00

Woman's Hospital Alumnae, Philadelphia..... 25.00

Kansas City University Alumnae..... 15.00

Miss M. E. Kershaw..... 5.00

381.00

From other sources:

Columbia and Children's Alumnae Association, Washington 100.00

Salem Hospital Alumnae Association..... 50.00

Alumnae Association Hospital of the Good Shepherd,

Syracuse 25.00

Alice Fisher Alumnae Association..... 100.00

Georgia State Nurses' Association..... 50.00

St. Vincent's Alumnae Association..... 50.00

Miss Louie Croft Boyd..... 5.00

Miss Harriet Fulmer..... 10.00

Miss M. C. Packard:

For self \$10.00

For four others of Maryland University School
of Nurses:

Miss N. L. Flanagan..... 10.00

Miss Lucy Ladd..... 10.00

Miss N. J. Lackland..... 10.00

Miss Eliza B. Gray..... 10.00

50.00

Miss G. Anderson..... 2.00

Miss Annah Winn..... 5.00

Miss Mary Gladwin..... 2.00

449.00

\$7,157.20

For current expenses:

Miss M. E. Stanley..... \$10.00

Itemized account of contributions received through Miss G. J. Sanders
and not acknowledged in February Number:

Jewish Hospital (Phila.) Alumnae Association.....	\$10.00
Miss Brent	10.00
Miss Ada Payne	10.00
Miss Donahoe	10.00
Miss M. E. P. Davis.....	10.00
Miss Edith Madeira	5.00
Miss Garrett	5.00
	<hr/>
	\$60.00

ADELAIDE NUTTING,

April 13, 1908.

Chairman of Finance Committee.

THE larger contributions, such as come from alumnae associations and state societies, are apparently now nearly all in, and the total sum received is a little over seven thousand dollars. This is a good beginning, but it will be evident to all of us that it is but a beginning toward the sum of seventy-five thousand dollars which we ultimately hope to obtain. We should now turn our attention to the individual contributions, for which, as yet, we have made practically no appeal, although a certain number have been received. The sums given by large societies usually make no demand whatever upon our individual members, and therefore the field is wide open for the twenty thousand or more nurses who are included in the American Federation. The plan of giving the proceeds of one day's work has commended itself to a good many, and it is from the many contributions of five or ten dollars, rather than from the few of one hundred, that we shall ultimately build up our fund and establish an educational work which should be the interest of every nurse of every school throughout the country.

The special courses of lectures are proving to be of a good deal of interest to outside students, who say that there is a real need among those in charge of the smaller hospitals and training schools for just such instruction as these lectures afford. From ten to twelve outside students, in addition to the regular class, attended all of Mrs. Robb's four lectures during the first week in March; and also the very practical course of lectures on Hospital Laundries given by Miss Clara Noyes which followed. All of these lectures were not only interesting, but of very great value, embodying in both instances the results of long experience and close study of the special problems with which they dealt. Women already in hospital positions often need some further instruction or information concerning some phase of their work and responsibilities which can nowhere at present be obtained; and, further than this, as our methods improve from year to year, it is important for them to keep abreast of new ideas and new tendencies. We are being asked if certain courses cannot be given here as a part of the work of the Summer Session for those who cannot get away at other times of the year.

Mrs. Robb's visit is always looked upon as one of the events of the year, and a small tea was given in her honor at Whittier Hall during her stay.

Our students find the College a very attractive place, and enjoy greatly the opportunities which it offers for study in various fields which are more or less allied to our own particular work. Several have stayed on after receiving the Hospital Economics certificate or diploma. Miss Isabella Jewell, for instance, a graduate from the Massachusetts General Hospital, who had filled several administrative positions before coming here, received the certificate of the Hospital Economics Course in 1904; obtained the Domestic Science diploma in 1905; remained on for a third year to obtain the Hospital Economics diploma, and was the first nurse who took the second year course in this subject. Last year she remained for a fourth year to obtain the degree B. S., and is now studying for her M. A. During the last two years, while studying for her degree, she was resident nurse at Whittier Hall (the first to hold this position); and during this past year she has been doing some teaching in the domestic science department.

Miss Elizabeth Harcourt has been resident nurse at Whittier Hall this year, while studying for her diploma in hospital economics. This position has grown steadily in importance and value, and the nurse is now looked upon as a vital factor in guarding the health of the students.

Miss Anna Hedges has remained as assistant in the Department of Hospital Economics while working for her Domestic Science diploma, which she hopes to hold in addition to the diploma of this department, as she is making the study of diets and the work of the dietitian her special field. This latter seems to us in the direct line of preventive work, and as such should be particularly effective in the hands of the nurse.

STATE MEETINGS

KENTUCKY.—The Kentucky bill for state registration passed the senate by unanimous vote, but was defeated in the house by the interests of sanatoria and small private hospitals.

INDIANA.—The semi-annual meeting of the Indiana State Nurses' Association was held in Fort Wayne, March 27th and 28th. The meeting was called to order by the president, Miss Edna Humphrey, in the Assembly Room of the Court House.

After the invocation, Dr. M. F. Porter of Fort Wayne, welcomed the nurses most heartily to the city and the president responded expressing the appreciation of the visitors for the hospitality of a city which has such historic fame.

After hearing several excellent papers the members had the privilege of listening to Miss Isabel McIsaac of Benton Harbor, Michigan, on "What Work Shall the State Societies do after Registration is Secured?" She inspired the association with a desire to do greater things and better work in the future, and also pointed out the weak places.

The reception at eight-thirty P.M., given by the board of Hope Hospital in honor of the nurses, was a very enjoyable affair.

On the morning of the 28th a special car took the delegates to the Indiana School for feeble-minded where Dr. Charles Beall held a very interesting clinic which will be long remembered by those present.

A bounteous luncheon was served by the Hope Hospital Alumnae at twelve-thirty, after which the final session was called to order. The secretary's and treasurer's reports were read and accepted.

Papers on "Associated Charity Work," "Hospital Alumnae," "Private Nursing," with one on "What is Being Done by Women in the Profession in Foreign Lands?" followed by an interesting question drawer in which many good points were brought out, made a full and profitable afternoon.

Twenty members were taken into the association. A systematic canvas of the state is to be made to secure subscriptions for the Hospital Economics fund.

The almshouse committee reported that the work was being take up and a good report could be expected at the annual meeting in September.

Resolutions were adopted urging the nurses of Indiana to aid in every way the physicians of the state in securing a hospital for tuberculosis and in their fight against the disease; offering sympathy to the secretary who was unable to be present because of illness and death in her family; and thanking the nurses and physicians of Fort Wayne for the entertainment and kindness shown.

M. D. CURRIE, Secretary, per A. R.

MINNESOTA.—The fourth semi-annual meeting of the Minnesota Graduate Nurses' Association was held on April 14th at the Pillsbury House. More than a hundred nurses from various parts of the state were present. A paper was read by Miss Edith P. Rommel, president of the State Board of Nurses Examiners, on "Nursing Conditions in Hospitals in Minnesota." The discussion of the paper was opened by Miss Christensen. Dr. Alexander Watson, of Chicago, read a paper on "The Nurse's Place in the Tuberculosis Fight." The association appointed Miss Rommel as its delegate to the Associated Alumnae meeting in San Francisco. It was also voted to extend an invitation to the Associated Alumnae to meet in Minnesota in 1909.

ALMSHOUSE CENSUS TO BE USED BY STATE SOCIETIES

State.....County.....Distance from nearest town.....

Number of inmates: Men.....Women.....Children under 16.....

Each child, why there, and how long.....

.....

Number of insane.....epileptic.....feeble-minded.....blind.....

“ “ other defectives

Number of inmates in good health.....Number of bed patients.....

Number of feeble and partially helpless.....Number with discharging
abscesses, sore eyes, syphilis, cancer, skin eruptions, etc.....

Number of tuberculous patients.....What special care given these, and care
of sputum?

To what extent, and how, are sick isolated from well?.....

.....

Name of physician.....Salary.....

Frequency of physician's visits.....

Are records of physician's visits and treatment of patients kept at almshouse?...

Who dispenses drugs in physician's absence?.....

What employes (keeper, matron, cook, etc.)?.....

Is there a resident trained nurse?.....Name.....

Date and place of nurse's graduation.....

If no nurse, who takes care of the sick?.....

What attention is paid to sick diet?.....

.....

Were you courteously received?.....

(over)

On reverse is space for remarks, with signature, address and date.

REGULAR MEETINGS

BROOKLYN, N. Y.—The Alumnae Association of the Brooklyn Homeopathic Hospital held its regular meeting on March 4th at 126 Greene Avenue. Eleven members were present. On March 18th, the members spent an enjoyable afternoon with Mrs. William Carson.

BROOKLYN, N. Y.—The annual meeting of the Long Island College Hospital Training School Alumnae Association was held April 14th at 128 Pacific Street. The following officers were elected: President, Miss Elizabeth McCarthy; first vice-president, Miss M. Decker; second vice-president, Miss F. Thompson; treasurer (re-elected), Miss R. Kelly; recording secretary, Miss B. Donalson; corresponding secretary, Miss Anna Davids, 128 Pacific Street; directors, Miss A. North, Miss M. Fraser, Miss G. Maynard, Miss A. Wiley, Miss J. E. Wiley.

BROOKLYN, N. Y.—The annual meeting of the Alumnae Association of the Methodist Episcopal Hospital Training School for Nurses was held April 8th in the hospital.

The reports from the various committees show that it has been a successful year. More interest is shown in registration and the work of the Red Cross Society. A liberal sum was subscribed towards the support of the chair of Hospital Economics at Columbia University.

The Alumnae Association intends holding a fair in the newly finished wing of the hospital on Friday and Saturday, April 24th and 25th, the proceeds to go towards endowing a room for sick nurses in the hospital.

The following officers have been elected for the ensuing year: President, Miss Shipman; first vice-president, Mrs. Zimmer; second vice-president, Miss F. Smith; secretary, Miss I. M. Hall; treasurer, Miss Ferris; corresponding secretary, Miss M. Culbert.

FALL RIVER, MASS.—The regular monthly meeting of the alumnae association was held April 1st. Miss Wetherby read a very instructive paper on Associated Charities, and related some of her experiences as secretary of that society.

There was a good attendance, and at the business meeting it was voted to furnish a room in the new Union Hospital. Light refreshments were served.

CINCINNATI, OHIO.—At the last quarterly meeting of the Cincinnati Hospital Alumnae Association the parlors of the Nurses' Home were quite filled with enthusiastic members. The endowment committee reported progress. It was decided to help entertain the Superintendents' Society at its annual meeting. After the business, Dr. Michael Behrman, an oculist, of Covington, Kentucky, gave an interesting address on "The Care of the Eyes." The next meeting will be held June 1st.

CHICAGO, ILL.—The alumnae association of Lakeside Hospital has been admitted to membership by the Associated Alumnae.

GRAND RAPIDS, MICH.—The third annual meeting of the Union Benevolent Association Hospital Alumnae Association was held at the Nurses' Home, March 9th. There was a large attendance and after hearing the official reports of the officers and the various committees, all listened with pleasure to the president's splendid address. The election of officers resulted as follows: For president, Mrs. MacDonald was unanimously re-elected; first vice-president, Miss I. M. Barrett; second vice-president, Miss Hannah Singer; recording secretary, Miss Helen A. Pemberton; corresponding secretary, Mrs. Robert Hill; treasurer, Miss Christine M. Hendrie, re-elected; director, for three years, Miss Ada M. Hirshey.

KALAMAZOO, MICH.—The fifth annual meeting of the Graduate Nurses' Association of Kalamazoo, was held March 14th at the Young Women's Christian Association. After the reports from the officers and committees, the annual election of officers was held. Following are the officers elected: President, Miss Florence M. Lee; vice-president, Miss Minnie L. Johnstone; secretary and treasurer, Miss Effie C. Pierce; censor, for three years, Miss Coral Vivian. The central directory established by the association has supplied two hundred and forty-five calls during the year for graduate nurses only, one hundred and two being out of town calls. Since organizing, the association has doubled its membership notwithstanding the fact that three of its members have married and left the profession.

ORANGE, N. J.—The regular meeting of the alumnae association of the Orange Training School was held at the Nurses' Home, 68 Henry Street, on March 18th.

Following the routine business the subject of a Central Registry was brought up for further discussion. It was deemed unwise for the society to take any action, as a body, that would interfere with the personal freedom of its members, so the endorsement or rejection of this project was left to the individual.

The invitation of the Board of Governors of Memorial Hospital to hold this meeting at the Nurses' Home was much appreciated. In spite of inclement weather there was a good attendance, and all enjoyed the welcome of an open fire and spring flowers as well as the pleasant social hour which followed the business meeting.

PHILADELPHIA, PA.—The nurses' alumnae of the Woman's Hospital held its regular monthly meeting at the hospital, March 11th. It was well attended. Much business was discussed and dispensed with. At the close, the members were agreeably entertained at a tea given by Mrs. Close in the Nurses' Home.

PLAINFIELD, N. J.—At the annual meeting of the alumnae association of the Muhlenberg Hospital Training School, which was held at the Nurses' Home on March 17th, the following officers were elected for the year: President, Miss O. Z. DeLany; first vice-president, Miss M. Cramer; second vice-president, Miss Hughes; secretary, Miss C. Van D. Stryker; treasurer, Mrs. R. C. Davison. Satisfactory reports were read by the secretary and treasurer, and an address was given on "The Care of the Nervous Sick and Insane" by Dr. J. H. Buchanan, a member of the hospital staff. Refreshments were served and a social evening enjoyed.

NEW YORK, N. Y.—The Bellevue Alumnae Association gave a reception to this year's graduating class.

TORONTO, ONTARIO.—The graduate nurses of Toronto are making a great effort to secure funds for a club-house and are to give a fête next November for that purpose.

COLORADO SPRINGS, COL.—At the monthly meeting of the Nurses Registry Association of Colorado Springs a committee was appointed to devise ways and means of entertainment for the visiting officials and delegates of the Associated Alumnae of the United States during their stay of twenty-four hours, on April 29th.

A paper signed by the most prominent doctors and nurses of Colorado Springs has been sent to Governor Buchtel protesting against the recent injustice done Colorado Springs in depriving it of representation on the State Board of Nurse Examiners.

Mrs. Clara M. Balkam was elected president; Miss Carrie B. Moore, vice-president; Miss Christine B. Swingle, secretary, and Mrs. Frances Dean, treasurer, for the ensuing year.

MINNEAPOLIS, MINN.—At a recent meeting of the Hennepin County Graduate Nurses' Association the proposition of getting the national convention to convene in Minneapolis in 1909 was considered with great enthusiasm. The publicity committee of the Commercial Club will lend its aid.

PERSONALS

MRS. VIRGINIA BUSBY, a graduate nurse of Des Moines, has, with her husband, Dr. Busby, opened a hospital in Brooklyn, Iowa, accommodating six patients.

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MISS MAUDE MOSER MCKAY, graduate of St. Luke's Hospital, New York, took charge of the operating room at the Touro Infirmary, New Orleans, on April 1st.

MISS WEST resigned her position as superintendent of the Brattleboro Retreat at Brattleboro, Vermont, on May 1st. She will be succeeded by Dr. C. D. Wilkins who has been her assistant.

MISS SARA WEINBERGER, formerly head nurse at the City Hospital, East Liverpool, Ohio, took charge on April 15th of the new Montefiore Hospital in Pittsburgh. The statement made in regard to Mrs. Weinberger in the April JOURNAL was an error.

MISS MARY LURIE, class of 1902, Lebanon Hospital, is taking up tuberculosis work in Boston. Mrs. Hogan, class of 1904, who has been doing hospital work in Panama, has returned to Washington, D. C. Miss Margaret McCalum, class of 1905, will leave New York May 12th, by way of San Francisco, for Japan, where she expects to take up institutional work. Miss Lillian Barèt, class of 1905, who has been ill at the hospital for some weeks, is improving.

MISS RENA S. WOOD, graduate of the Orthopædic Hospital and Infirmary for Nervous Diseases of Philadelphia, formerly head nurse of the Children's Hospital in the same city, has been appointed principal of the new training school for nurses of the Children's Memorial Hospital, Chicago. Miss Grace G. Watson, who has been at the head of the hospital for some years, will continue as superintendent of the hospital. This hospital has been giving affiliation training to pupils of other schools but with new buildings, and accommodations for more patients, and opportunities for enlarged work, it is establishing its own school. Its course will be rounded out by affiliation so as to give its pupils complete training.

MISS MAY PEREGRINE, graduate of Wesley Hospital, Chicago, and formerly night superintendent there, is superintendent of a hospital at Guthrie, Oklahoma. Miss Edith Willis, class of 1907, is superintendent of the Good Samaritan Hospital, Vincennes, Indiana. Miss Mildred Marsden class of 1907, is superintendent of nurses in a hospital at Bozeman, Montana. Miss Jennie Lind, class of 1907, is head nurse at Wesley Hospital. Miss Mary Uglow, class of 1906, formerly assistant superintendent at Wesley Hospital, is filling a similar position at the Julia Burnham Hospital, Champaign, Illinois. Miss Florence Olmstead, class of 1906, is clinic nurse at Northwestern University Medical School, Chicago, succeeding Miss Evelene Mirise, who is doing private nursing.

At the Maine General Hospital, Portland, Maine, on March 19th, a reception was given by the graduate nurses to Miss Amelia L. Smith who, after fourteen years of self-sacrificing and devoted service, during which time she has brought the school to a standard unexcelled by any in the country, has recently resigned. Mrs. Fred Marston on behalf of the graduates presented Miss Smith with a beautiful silver purse, suitably engraved, containing sixty-

five dollars in gold. Mrs. Marston extended the best wishes of the graduate nurses and Miss Smith feelingly responded.

The pupil nurses gave a coffee percolator and gifts were also received from the employees.

Letters of regret were received from many of the nurses who were unavoidably absent but who had been glad of an opportunity to contribute to the purse. Refreshments were served and a social hour enjoyed. Twenty-five or more of the leading graduates were present.

BIRTHS

ON January 28th, in Quebec, a son to Mrs. Harry Aird, who was Miss Meikle, class of 1901, Methodist Episcopal Hospital, Brooklyn.

ON March 12th, at Riverton, New Jersey, a daughter to Mrs. Van Steenberg, who was Miss O. M. Barrett, class of 1902, Methodist Episcopal Hospital, Brooklyn.

MARRIAGES

ON March 1st, at New York City, Miss Rebecca Kaiser, class of 1901, Lebanon Hospital, to Dr. Samuel Schulhofer.

ON November 26th, Miss Sarah Martin, graduate of Wesley Hospital, Chicago, to Mr. S. Tipton of Seward, Nebraska.

ON February 22nd, at Ludington, Michigan, Miss Elizabeth Matthews, class of 1905, Wesley Hospital, Chicago, to Mr. James Foster.

IN December, Miss Grace Frinney, class of 1905, Wesley Hospital, Chicago, to Mr. Fred S. Rose. They will live at Dodge City, Kansas.

IN December, Miss Daisy Campbell, class of 1906, Wesley Hospital, Chicago, to Dr. William Mum. They will live at Janesville, Wisconsin.

ON April 1st, Miss Minnie Bouch, class of 1906, Lebanon Hospital, to Mr. George Hess. They will live at the Empire Hotel, New York City.

ON December 31st, Miss Frances Dawley, class of 1899, Elizabeth General Hospital, Elizabeth, New Jersey, to Mr. George Bertram Noyes. They will live at Pittstown, New Jersey.

ON February 22nd, at St. James Church, Philadelphia, Pennsylvania, Miss Margaret Florence Gaffney, class of 1905, New York City Hospital Training School, to Dr. Thomas Creigh Park of Pittsburg, Pennsylvania.

ON March 23rd, at Rochester, New York, Miss Margaret Philips, class of 1907, Lee Private Hospital, to Professor Frederick G. Church of Batavia, New York. Mrs. Church, after her graduation, held a position at the Memorial Hospital, Canandaigua.

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OBITUARY

ON March 24th, at Finley Hospital, Dubuque, Iowa, Miss Minnie Slattery, of the class of 1907, died after a two weeks' illness.

ON January 14th, at her home in Watertown, Massachusetts, Martha Theresa Hudson, class of 1902, Carney Hospital, Boston, Massachusetts.

WE have recently received word of the death of Miss E. Grace Clark of Lynchburg, Virginia. Her sister writes that she was always a most devoted friend of the JOURNAL, working for its interest in every possible way. Her assistance has long been recognized in our subscription department.

HOSPITAL AND TRAINING-SCHOOL NOTES



THE Bellevue Board of Managers, on the recommendation of Miss Damer, has decided to establish a course of lectures on private nursing to be given by members of the alumnae association to the pupil nurses. These are to be paid for at the rate of three dollars each.

A ROOM has been set aside at the Minneapolis City Hospital for the use of alumnae members and pupil nurses during illness. The alumnae are to furnish the room. The request for the room was made by the alumnae and was granted by the City Board of Corrections and Charities.

THE graduating exercises of the schools for nurses of Bellevue Hospital were held on the evening of April 9th in the Auditorium of Cornell Medical College. Addresses were made by Rev. William O. B. Pardow, S. I., and the Hon. Homer Folks. Receptions were held afterward at the nurses' homes.

THE annual report presented to the trustees of the Rome Hospital, Rome, New York, by the superintendent of the hospital, Miss Katherine Newman, shows that a number of needed improvements have been made during the past few months in renovating old rooms, changing the location of others, and finishing off parts of the building to be used for maternity cases and for additional rooms for pupil nurses, also the furnishing of attractive rooms to be used as a study and as a dining-room for the nurses.

THE commencement exercises of the Margaret Fahnestock Training School for Nurses connected with the New York Post Graduate Hospital were held on the evening of April 21st. The following are the graduates: Gertrude E. Chase; Gladys E. Chesnée; Ida M. Davis; Elva Hughes; Ethel W. Jarvis; Ella Johnston; Percy M. Lator; Emma C. Linter; Minnie H. Maclean; Laetitia M. McNamara; Mary C. Robinson; Ella M. Ross; Minnie L. Silcox; Gladys G. Smith; Rose Stahle; Minnie J. Steele; Mary E. Tayler; Rose E. Towne; Dorothy C. Trego; Rose Urban; Margaret Warburton.

THE outcome of the recently organized superintendents' association of Minneapolis has been a series of talks given to the senior nurses of all the

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schools. The classes, with their superintendents, met in the clinic room of the City Hospital where there was plenty of room for all, about sixty, who presented a picture good to look at in their various uniforms. The talks given were as follows: District Nursing, Miss Minnie F. Patterson, of the Associated Charities; Tubercular Nursing, Miss Catherine E. Brown, Christian Tuberculosis Nurse; Institutional Work and Hospital Economics Course, Miss Alice Smith, Superintendent of Nurses, Asbury Hospital; Private Nursing, Miss Caroline Rankeillour, Graduate St. Barnabas' Hospital; Army Nursing, Miss Estelle Hein, Graduate Northwestern Hospital; Settlement Work, Miss Caroline Crosby, Unity House; Nursing Organizations, Miss Bertha Erdmann, Superintendent of Nurses, City Hospital; State Registration, Miss Edith P. Rommell, President State Board of Nurse Examiners; Legal Advice, Mr. A. D. Dorelius, Attorney-at-Law.

THE graduating exercises of the class of 1908 of the Lebanon Hospital Training School for Nurses were held on the evening of April 8th at the Nurses' Home followed by a reception. The hall was decorated with flowers and the school colors, purple and gold.

Prayer and the opening address was delivered by Rev. Dr. B. Drachman, followed by the presentation of diplomas and pins.

Dr. A. Mayer presented thermometers; Mr. Paul Hirsch, hypodermic sets; and the Nurses' Alumnae Association, tablet cases to the graduates. Two prizes, of twenty dollars and fifteen dollars in gold, were awarded by the President of the Board of Directors, Mr. Jonas Weil, to Miss Mary Wilson and to Miss Mary Waldron.

Dr. Ralph Waldo administered the Hippocratic Oath and the closing address was made by Mr. Max Boehm, chairman of the training school committee.

The graduates are: Mary E. Waldron, Ellen T. Burns, Ida D. Barth, Rose A. Costello, Mary A. Hanan, Marsha Shapiro, Jeanne A. McNair, Mary V. Wilson, Ruth A. Wilson, Bertha Pavitt, Selina Katinsky.

THE following are the questions of the New York State Board of Nurse Examiners as used in the examinations of February. The applicants were allowed to select ten questions from the fifteen given on each subject. The questions prepared by Mr. Sanford, who died a few days before the examinations took place, were passed upon by Miss M. E. May who had just been appointed to succeed Miss Palmer.

ANATOMY AND PHYSIOLOGY

Examiners, L. B. Sanford, M. E. May

1. What is anatomy?
2. What is the spine?
3. Locate (a) the atlas, (b) the axis.

4. Mention the bones that inclose the thoracic cavity.
5. Name the organs located in the thoracic cavity.
6. What separates the abdominal cavity from the thoracic cavity?
7. How many pairs of ribs are there?
8. Locate (a) the femur, (b) the tibia, (c) the fibula.
9. What is synovial fluid?
10. Locate (a) the duodenum, (b) the jejunum, (c) the ileum.
11. What is bile and what are its functions?
12. What constitutes the nervous system?
13. Name the special senses.
14. What are waste products?
15. Define nutrition.

GENITO-URINARY NURSING

For Male Nurses

Examiner, L. B. Sanford

No Candidates

1. What is the normal amount of urine voided by an adult in 24 hours?
2. What is the specific gravity of normal urine?
3. Define retention of urine, suppression of urine, incontinence of urine.
4. Tell how a patient should be catheterized. Mention dangers to be avoided in using the catheter.
5. How should the bladder be washed out?
6. How should an inunction be given?
7. Mention the different methods of administering mercury.
8. Describe the care that should be given the mouth and the general health of a patient under mercurial treatment.
9. How should a catheter be sterilized and cared for?
10. What is residual urine?
11. In caring for a syphilitic patient what precautions should be used to prevent the spread of the infection?
12. What are some of the common complications of gonorrhea?
13. In caring for a case of gonorrhea how would you protect the eyes of yourself and patient?
14. In case of retention of urine how might you relieve the patient without using the catheter?
15. Define epididymitis, orchitis, cystitis.

MEDICAL NURSING

Examiner, J. E. Hitchcock

1. Give *three* nursing measures that may be used for the relief of insomnia.
2. Give nursing measures for the relief of low, muttering delirium.

3. Mention *two* salutary effects of cold baths in fevers. Give any unfavorable effect that may follow these cold baths.
4. Why is the foot of the bed elevated in collapse? Give the reason for ligating extremities in a case of extremely low vitality.
5. Mention *three* nursing points important in the care of a case of typhoid fever.
6. What is the appearance of the stools in (a) gastro-intestinal diseases of children, (b) typhoid fever, (c) biliousness?
7. Give formula for simple cleansing enema.
8. Give formula for purgative enema, with reason for each ingredient.
9. Where may the membrane of diphtheria be found? Where is it usually found?
10. What is ventilation? Give the general principle to be observed in securing good ventilation.
11. What relation does a draft bear to ventilation?
12. If the bodily temperature is rising during the first stage of a chill why do we apply external heat and stimulation?
13. Why is friction given during cold, antipyretic baths?
14. Suppose that a patient has swallowed a poison the nature of which is unknown; give immediate nursing measures.
15. Describe bed and body clothing for a patient with pneumonia, both when the fresh air treatment is employed and when it is not employed; in the latter case give the temperature at which you would keep the room.

NURSING OF CHILDREN

Examiner, A. Damer

1. What is rachitis? What special care should be given by the nurse to a rachitic child?
2. Mention the causes of rachitis. Give the general appearance of a child with rachitis.
3. What are some of the causes of incontinence of urine in children? What would be required of the nurse in caring for such children?
4. In what class of patient does chorea most frequently occur? What should the nurse do in these cases?
5. Mention the symptoms of spasmodic croup and give nursing measures of relief.
6. What is the difference between false croup and membranous croup?
7. If alarming symptoms arise in a case of membranous croup what should the nurse do while awaiting the physician's arrival?
8. Name the three stages of measles and give the symptoms of the first stage.
9. What special care should be given a child with measles? What precautions with reference to the room should be taken in a case of measles?

10. What complications are liable to occur in scarlet fever? How would you guard against them?
11. What would the nurse be expected to do regarding the urine of a child with scarlet fever?
12. What special nursing treatment should be given a child after an operation for harelip?
13. Describe the nurse's treatment of a child with pediculosis.
14. In nursing a child with whooping cough what should be guarded against?
15. If a child refuses to take medicine what measures should the nurse take?

DIET COOKING

Examiner, A. Damer

1. How is the body supplied with its elements?
2. What are food adjuncts? Name *three* food adjuncts.
3. What are the main objects of cooking food?
4. Which food principles contain nitrogen?
5. What is a calorie?
6. Why is air necessary in the utilization of food for the body?
7. What foods should be avoided in the dietary of a young child?
8. Which proteids, animal or vegetable, are the more easily digested? Why?
9. State the effect of tea on the system.
10. How should a cup of tea be prepared?
11. What food principle is almost lacking in wheat?
12. Why should bread be toasted? How should toast be made?
13. Give recipe for boiling three tablespoons of rice.
14. Give recipe for scrambling two eggs.
15. Give recipe for making ginger tea containing one-half teaspoon of ginger.

OBSTETRIC NURSING

Examiner, B. Fraser

1. What is the function of the placenta?
2. What does the umbilic cord contain?
3. State briefly how you would make a breast bandage. Give measurements.
4. Name the external genitals.
5. What articles would you have prepared and ready on the breast tray?
6. Of what is human milk composed?
7. In case of infection of the eyes of the newborn, if ice applications were ordered how would you prepare for them and how would you give the treatment?
8. Name some of the complications that cause hemorrhage during pregnancy.

9. How would you prepare a patient for a perineorrhaphy immediately after labor?
10. What is the daily routine care of the mother during the first nine days?
11. Give detailed directions for dressing the cord and applying the binder when this is to be done by the nurse.
12. When is the infant given its first tub bath?
13. How would you determine the probable date of labor?
14. When does pregnancy begin and when does it end?
15. Give the usual treatment and care of the bowels after delivery.

MATERIA MEDICA

Examiner, B. Fraser

1. Define fermentation.
2. Define antiseptic, disinfectant, deodorant. Give examples of each.
3. Name some of the oils and fats most commonly used in medicine and give the source of each.
4. Give the physiologic action of fats.
5. Give in English the meaning of *each* of the following abbreviations: p. r. n., a. c., p. c., q. i. d., alt. hor., alt. noc., garg., q. s.
6. What is the source of the preparations of iron used in medicine?
7. Name *three* hypnotics; state the dose of each and mention the best time to administer each.
8. If ordered to give Fowler's solution of arsenic t. i. d., when would you administer it and how would you dilute it?
9. When giving aconite what precautions would you take and what symptoms would you look for?
10. Write the approximate equivalent of *each* of the following: 1cc, 4cc, 30cc.
11. When spiritus frumenti is ordered as a stimulant, what is the average dose for an adult by (a) the mouth, (b) the rectum?
12. To what class of medicines does magnesium sulfate belong? Give the source, dose and action of magnesium sulfate?
13. Define restoratives. Give *three* examples.
14. What strength of the solution of bichlorid of mercury would you prepare for (a) the disinfection of the hands, (b) a vaginal douche?
15. What strength of the solution of formalin would you use to disinfect clothes? How long would it be necessary to leave the clothes in the solution?

BACTERIOLOGY

Examiner, S. F. Palmer

1. Give *two* ways in which tubercle bacilli easily enter the human body.
2. What is the effect of prolonged exposure to sunlight on tubercle bacilli?

3. Give the most important method of destroying the sputum of tuberculous patients.
4. What is the special advantage of sterilization by steam under pressure?
5. What is certified milk?
6. Mention the best means of protection against contagion.
7. What is meant by immunity?
8. What is the effect of freezing on typhoid bacteria? Of boiling?
9. What are pathogenic bacteria?
10. What conditions are conducive to the development of bacteria?
11. About how many varieties of disease-producing bacteria are recognized?
12. What special nursing care should be given patients suffering from diseases in which the contagion is thrown off largely through scales or flakes from the skin?
13. What causes canned fruit to ferment?
14. What causes milk to sour?
15. Give a simple household test for sweet milk.

SURGERY

Examiner, S. F. Palmer

1. Why is a patient's head kept low after an anesthetic?
2. What is hypodermoclysis and why is it employed?
3. How should rubber gloves be cleaned and sterilized?
4. When on duty in a surgical ward, what general care should the nurse take of her hands? Why?
5. Give the symptoms and the nursing treatment of shock.
6. Give the symptoms of internal hemorrhage. In what way would the nursing treatment of internal hemorrhage differ from that of shock?
7. When a physician is to apply a plaster of Paris bandage to the foot and ankle, what appliances should the nurse have at the bedside for his use?
8. What special care should be given a case of fractured thigh?
9. Give the daily routine care of a female patient for four days after abdominal section, when there are no complications.
10. State a simple, quick method of sterilizing instruments, including the special care that should be given to those with cutting edges.
11. In a sudden emergency how would the nurse control arterial hemorrhage below the elbow?
12. If the nurse had received no orders from the physician, how would she prepare the field of operation for lumbar puncture?
13. Give the preparation of normal salt solution for hypodermoclysis.
14. How would you prepare a bed with sagging springs for a case of fractured thigh?

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15. In what class of cases do bedsores most commonly occur? What precautions should be taken for their prevention?

One hundred and forty candidates took the examination; the failures were as follows: Practical examination, 3; anatomy and physiology, 2; medical nursing, 2; obstetrical nursing, 5; nursing of children, 32; bacteriology, 10; surgery, 3; materia medica, 18; diet cooking, 66.



THE BACTERIOLOGY OF PLASTERS.—*The Medical Record* says: A recent article in the *Lancet* refers to some results of examining plasters reported in one of the English pharmaceutical journals. Ordinary adhesive plaster from a package frequently opened contained an average of twenty-two colonies per square centimeter, and a specimen of soap plaster contained twenty. Adhesive plaster with a rubber basis gave better results, but only fresh packages were sterile. Medicated adhesive plasters, with a lead, resin, or soap basis, were found to be not sterile; chalybeate, belladonna, and cantharides plasters contained respectively thirteen, fifty-three and one hundred and sixty colonies in the same area, but medicated adhesive plasters with a rubber basis gave better results; plasters medicated with capsicum, belladonna, belladonna with aconite, and opium containing respectively five, thirty-one, two, and seventeen colonies to the square centimeter. These samples, with the exception of the belladonna plaster, were all newly opened, and newly opened packets of menthol and oxide of zinc plasters were found to be sterile. An examination of a number of "court plasters" disclosed a worse state of things. A sample of isinglass plaster stored in a tin that had been fully exposed contained three hundred and forty-one colonies to the same area. The various organisms found in these examinations comprised *Staphylococcus pyrogenes aureus*, *Streptococcus pyogenes albus*, *Bacillus murisepticus*, *Bacillus pyocyaneus*, and others. Such an array of infecting agents makes one pause. The observations made showed, however, that the addition of an antiseptic substance is an efficient method of sterilization. Types of such antiseptics are salicylate of methyl, thymol, alcohol, iodol, etc. The ideal plaster medium appears to be the rubber basis made from pure Para rubber. It mixes well with various medicinal agents, is free from irritation, and is strongly adhesive. It should always be sold on reels so as to expose the smallest possible surface to the air.

PRACTICAL SUGGESTIONS



PRACTICAL SUGGESTIONS IN TYPHOID NURSING

By M. LOUISE MARTIN, R. N.

Superintendent Martin's Ferry Hospital, Martin's Ferry, Ohio.

THIS is a disease which attacks many localities, and very few treat it in the same way. Therefore, we should be well informed as to the many necessary points in every case, from the nursing standpoint.

It is generally admitted that the result of each case depends largely upon the nursing and it is reasonably expected that a trained nurse should administer the treatment in the best possible manner. It should be done in an intelligent, conscientious way.

All diseases depend upon the nursing to a certain extent, but there are few diseases in which a nurse can show her skillful training, as in typhoid fever. As there are very few drugs used, the treatment must be properly administered, so as to obtain the desired results.

I may be able to mention a few useful suggestions. First, in regard to bathing the patient. This should be done daily, even though the patient is getting temperature baths frequently. It keeps the skin in a good condition and makes your patient feel more comfortable. Put him between two blankets (old ones answer well for this purpose), using tepid water, soap, and a nice soft cloth or sponge. Sponge the entire surface of the body thoroughly and keep him protected from the cold in the best possible manner. After the bath has been completed, change the bed linen and fix him up comfortably, if necessary apply hot water bottles. Do not let the patient become chilled. Change the bed linen as often as your supply will allow, the lower sheet every day. Freshen the bed in every possible way. There will be a disagreeable odor about the patient and room, unless the strictest cleanliness is observed.

Your patient's mouth requires your most diligent attention. It should and can be kept clean by frequent use of a mild antiseptic solution. It should have a thorough cleansing every morning. This is very conveniently done by using tooth-picks wrapped at the end with cotton, the teeth and gums being easily cleaned in this way without an irritating effect. If the tongue is coated, use very weak solution of peroxide of hydrogen, about 5i to ʒi of water, and if necessary, scrape the tongue gently with the handle of a spoon; have a spoon for this purpose alone.

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After you have once made the mouth clean, it can be easily kept so, by using a mouth wash after each nourishment. This is very important and should never be neglected. If the tongue becomes hard and dry, apply a little glycerine and lemon juice, with a soft cloth or the tip of your finger.

The back is the greatest bug bear a nurse has to encounter, requiring constant care and then sometimes developing a bed-sore. With the proper care, most every case can be avoided. You have to begin at the start to rub the back twice a day with weakened solution of alcohol. If the skin becomes red and tender, use a little zinc powder with the alcohol. It tends to harden the skin. If it once breaks, you will find it hard to heal. Turn the patient from side to side, not allowing him to remain in one position very long. If necessary, use a rubber ring wrapped with a soft bandage. In case a bed sore should appear, report to the attending physician at once; never rely on your own treatment. The patient's temperature should be taken every two or three hours as ordered. The physician will usually have his own method of giving baths. In case it should be one you are not familiar with, ask him to tell you exactly how to give it. Treatment poorly given is worse than none at all.

In every temperature bath, your patient should be well protected. If an ordinary cold bath is ordered, put the patient between blankets (using a rubber to protect the bed), have the head low, with an ice cap applied, use cold water, beginning by sponging the forehead and face, chest, abdomen, etc. Sponge thoroughly the entire surface of body, giving about five minutes to each extremity and five to the back and chest. Leave him between the blankets perfectly quiet for one-half hour, then take the temperature, remove the blankets, put on a gown, and cover properly.

Of course, a patient is not allowed to get up for anything, without permission from the doctor. Use drinking tubes for medicine and nourishment. You will find some patients who cannot use a bed-pan. Report this at once, and if strong enough, they may be allowed to use a slop-jar. You will notice, in extremely weak cases, there will be very little trouble in the use of a bed-pan.

There may be trouble with the bowels, as constipation is not of unfrequent occurrence. Enemas are usually employed, as drugs have a more or less irritating effect on the bowels and they are usually in a very bad condition anyway, certainly if it is a severe case. In giving enemas, high or low, extreme care should be taken. First, see that the syringe is in a good condition, expel the air from the tube, have the solution properly mixed and the right temperature, use vaseline on the tube and insert it

gently, allow the water to flow slowly. When it has all been given, have the patient remain in the same position (left side), for a few minutes, or as long as he can retain it. Examine the stool thoroughly and report its character. See that everything used for the patient is thoroughly disinfected.

Examine the urine, as to amount, color, etc., and make a record on the chart of same, but do not save a specimen for examination unless ordered. The physician will judge from your report whether it is necessary or not.

The diet has to be attended to properly, as it is the source of a great deal of trouble and worry. Poorly prepared nourishment will cause serious trouble for your patient. It should be fresh, nicely prepared and given at the correct time, every two or three hours, as ordered.

Explain to your patient from the first why he can have but a certain quantity and never give over that. You will find some patients who haven't any desire for food. Exert every effort to get them to take it, begin with a very small quantity and gradually increase. They will then understand from the beginning that you know exactly what to do and how to do it and be sure not to leave your work in a condition to be criticised.

During convalescence, be as firm as you possibly know how to be. Do not allow any privileges that you have not been told to give. A relapse is always dreaded, as the system has been thoroughly taxed and the second attack so often proves fatal. Do all in your power to prevent a relapse.

RECEIPTS for an invalid with stomach trouble—having to have food cooked individually for her—by her nurse:

Eggs. Coddled by leaving in boiling water for three minutes.

Cocoa. One heaping teaspoon of cocoa, one ounce of milk, four ounces of water, three lumps of sugar. Boil water and cocoa, then add milk, without letting it boil.

Cereal. Put into upper pot of double boiler ten ounces of water, two ounces of cereal, one-half teaspoon of salt. Boil water and salt, add cereal to boiled water *slowly*. Let boil over fire, stirring for five minutes. Then put pot in the double boiler and boil, for hominy and rice four hours, cream of wheat and farina two hours.

Chicken. After having singed and washed it, put into enough boiling water to cover it, adding one teaspoon of salt, pepper, parsley, celery top, a bay leaf and one onion. Let simmer for three hours.

Cream Sauce. Melt a large teaspoon of butter and mix in a scant teaspoon of corn starch, stir until smooth. Add two ounces of milk and let boil three minutes, stirring all the while.

Mince of Chicken. Two ounces of chicken and one ounce of stock and heat with salt and pepper. The chicken was chopped very fine and measured in the tin measuring cup.

Baked Custard. Put four ounces of milk on to scald; add one beaten egg, three teaspoons of sugar, one-half teaspoon of vanilla. Fill two custard cups with the custard; bake about one-half hour in a pan of boiling water. Test by putting in the point of silver knife; if it comes out clean the custard is done.

Chestnuts. Boil two hours, shell, and press through a sieve. Into two ounces of chestnuts, put one and one-half teaspoons of cream, pinch of salt and pepper, and steam (as for peas) fifteen minutes.

Macaroni. Soak macaroni in water,—twelve ounces water and two ounces of macaroni that has been broken in small pieces; boil without covering for one hour, then in double boiler let simmer after having added one ounce of milk, one teaspoon of butter, a little pepper.

Baked Apples. Wash and core three or four apples. Put in an earthen dish or casserole, fill core with sugar, a little water in bottom of dish; cover and bake in oven one and one-half to two hours.

Samp. Soak over night in twelve ounces of water and one-half teaspoon of salt; in morning put on fire and let it come to a good boil in top of double boiler. Then put in double boiler and cook a day and a half slowly at back of range. After serving, add a goodly amount of unsalted butter.

Peas. One-half can of peas, press through a sieve, good pinch of salt and pepper. Steam for twenty minutes by putting into a custard baking cup or white enamel one, and placing that in a covered pan or pot of boiling water (being careful that no water gets in with the peas), add a generous teaspoon of butter, unsalted, and serve in the cup which can be set in a bowl of boiling water to keep the heat.

H. Mc. D.

FOR NERVOUS HEADACHE AND INSOMNIA.—A steady brushing of the patient's hair is often remedial. The brush should be moderately stiff (the Ideal hair brush, which is wire with a rubber cushion, is a good one) and should be wielded with regular and not too energetic strokes. The blood is thus brought to the scalp, relieving the congested brain vessels; mental tension is relaxed; and the patient, if a woman, has the soothing

assurance that her hair is being "tended to." A slow rotary motion of the scalp, done with the finger tips, may be added. The first treatment should not be long, or the scalp will be made sore. Five minutes of the above treatment, self-applied, will help the wakeful night nurse when she goes to bed.

M. B. E.

For convalescents, or bed patients near a window, great pleasure may be had by watching the birds through a pair of opera or field glasses. Not only in suburban, but in city streets, birds may be seen, particularly during their spring migrations; and the daily life-history of even the ubiquitous sparrow may be made diverting, by bringing him close with the glasses.

M. B. E.

If the interest should go far enough for books, Chapman's "Bird Life," Chapman and Reed's "Color Key to North American Birds," Mrs. Neltje Blanchan (Doubleday's) "Bird Neighbors," Prof. Apgar's "Birds of the United States East of the Rocky Mountains," and Mrs. Florence M. Bailey's "Handbook of Birds of the Western United States," all have good keys for identification, by use of which it is easy to learn to recognize the birds.

M. B. E.

If one expects to make tea or coffee on the train, take a number of small pieces of cheese cloth, tie a small quantity of tea or coffee in each and pack them all neatly in a box. When ready for use put one of the little bags in a cup or coffee pot, pour boiling water over it and when the desired strength has been obtained it can be removed with a teaspoon or by the end of the string if it has been left long enough. In this way you never soil your hands, need no strainer, and have no pots to wash. Another thing, without which I can hardly get along, is an air cushion. A feather pillow becomes very stuffy and an air pillow is always cool and pleasant. Lemons are very refreshing and can be used for various purposes. Every nurse should carry *her own drinking cup*. The west simply reeks with tuberculosis, therefore it is not wise to use the cups supplied on trains or at railway stations.

E. R. R.

HAVING read the Hints to Delegates who intend crossing the continent to San Francisco I noticed the omission of what I consider an important article for those crossing the desert, namely, *lemon juice*. I have crossed several times and always take the juice of six lemons sweetened; this keeps well, counteracts the alkali water for drinking and so prevents enteric trouble. Face washing is usually dispensed with and Florida Water used instead of water, on the desert—just to wipe off the dust.

A. S. M.

IN travelling I have found a black silk night-dress of great convenience. It takes up so little room and besides can be rinsed out in a basin of water and dried very quickly.

Underwaists of the same material are also convenient, especially as you suggest wearing dark blouses. The finish on the silk seems to keep the train dust from sticking to it and they are light and convenient to handle.

M. E. W.



OVERHEARD in a Fifth Avenue Automobile: "Oh, she is so good and devoted to the church. She nurses all the time in New York, winters, and at Bar Harbor, among *that class* of patients, and she is so generous to the missionaries and the poor."

"Does she get good pay?"

"Oh, yes! She wouldn't go unless she did. She gives us twenty-five dollars whenever we need help in our work."

They didn't know a nurse sat opposite much interested and pleased.

That nurse is commercial in her work. She does not consider it a vocation in itself, perhaps. But then, again, she may have even more influence with her patients because she *does* place a proper value on her services and herself. She has selected her field for patients and also her field for charity and they are separate ones.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

HEALTH. A Twentieth Century Treatise on Health Based on Anatomy and Physiology of the Human Body, Together with First Aid to the Sick or Injured, and Including Care of Children, Midwifery, Surgical Diseases, Nursing and Treatment. Chief Author, Prof. D. G. Revell, M.D.; Late of the Medical Department of the University of Chicago; Government Bacteriologist, N. W. T., Canada. Assisted by an able staff of Physicians. 2 Volumes. Fully Illustrated. The Medical Publishing Co., Chicago.

WHEN the average reader has finished the perusal of this long and diffuse title the chances are that he or she will feel that he has been over a good bit of ground and that it is time for rest and recreation. "Twentieth Century" the book may be, but surely it is a twentieth century survival of a good many centuries earlier. It is hard to comprehend just why such a book should be offered to the public, under the auspices of the medical profession. The author professes to believe that its study will not mislead the reader into attempting any self treatment. This belief may be founded on carefully tested experiment, but truly it would seem more expeditious to telephone fifty miles for a doctor than to search out one's own particular symptoms in the thirteen hundred and fifty odd pages.

The author advises as follows: "The Treatise of Health is meant for the non-medical reader originally and is as free as possible from technical or unnecessary detailed matter such as is of use only to the doctor. But the reader must study it, thoughtfully and critically, often with the dictionary in hand—he should become a student in using it, and be more intelligent, better educated, and a better thinker for having read it; just as anyone is who uses a valuable book rightly. He should be helped by it to rid himself of many errors and wrong ideas and of much ignorance."

We naturally agree to these sentiments, but a little later we read "Ignorance invites and fosters fraud, imposition and quackery." Is not the use of such a book as the Treatise of Health, for the diagnosis and

treatment of disease, quackery? Again, the author says: "A properly qualified doctor spends years in hard study and careful training under good teachers, and has the benefit of a large experience. We should not hesitate to avail ourselves of the benefit of his wisdom and help." But does not the recommendation of the "Treatise of Health" offer an alternative of even superior advantages? Why send for a doctor if one has under his hand the condensed knowledge and experience of the profession?

The author announces that our present age, this twentieth century, is to "stand pre-eminent and notable in that the non-professional people shall learn the nature of disease and how to avoid it." On page 386, Volume II, we find the following: "The microbe theory of disease has become a popular faith. Thousands of persons keep themselves and all about them in constant agitation in order to avoid the microbes which they imagine are the cause of consumption, pneumonia, influenza, and even common colds. Of course it is true that various diseases are conveyed by the minute organisms known as microbes or bacteria. Yet knowledge of this fact does not save people from disease." If bacteria are not to exist for the laity why mention them at all; and if the layman does not believe in the presence of bacteria why should he be asked to use one of the many formulæ for disinfecting purposes given in another part of the book?

A careful study of the book leaves the reviewer with the unwelcome impression that it is no different from others of its type offered to the gullible public from time to time—a great, windy, wordy, catch penny piece of work—and it is very hard to believe that it is offered in good faith by its author.

CHASING THE CURE IN COLORADO. By Thomas Crawford Galbreath.

THIS little book, merely a pamphlet, has reached its third edition and it well deserves to be sent speeding on its way; there are still vast numbers of people ignorant of the plain and common-sense hints embodied in it, who need to be told again and yet again that the most important agents for the "cure" are in our own hands if we will only rid ourselves of ancient and misleading notions about drafts and night-air and cold water, etc., etc. The book is primarily an account of the author's experience in looking for health in the West, where the conditions of climate invite so many to leave their homes in the East in the hope of regaining lost health. The author found conditions in the West by no means entirely *couleur de rose*, and it is almost impossible to credit his account of the inhumanity of the natives of this Western

country where they sell for money only, the accommodation which the sufferer from tuberculosis seeks. Boarding-houses seem to be as thick in Colorado as mosquitoes in Jeresy, moreover the boarding-house keeper seems to regard the Eastern health-seeker as much his lawful prey as the mosquito does any hapless alien who wanders within his reach. The author sounds a note of warning against the wrong kind of physician. Doctors there are in plenty and he advises that every patient going West arm himself with a letter to a reputable physician, otherwise he may fall into the hands of a "fake doctor," as he found that this class existed in large numbers and did a flourishing business. Besides a good bit of advice to those who go West the book has considerable to say to those who stay East and endeavor to regain health by carrying out the directions for outdoor life, etc.; upon the whole one would conclude that the author rather advised "chasing the cure" in the familiar precincts of one's own home. Here he is sure of the sympathy and coöperation of every one about him, and the most dreadful feature of the Western cure is eliminated, the feeling that one is a social outcast and only tolerated for the money he can put up. The cover bears the following words from Robert Louis Stevenson:

"Now do take warning by me. I am set up by a beneficent providence at the corner of the road to warn you to flee from the hebetude that is to follow. . . . So remember to keep well; and remember, rather anything than not to keep well; and again I say, rather *anything* than not to keep well."

THE REGISTER OF FOODS. By P. W. Goldsbury, M.D. Whitcomb & Barrows. Price \$1.00 net.

THIS is not a book, but a chart, of food values, printed in five colors on heavy cardboard, size $13\frac{1}{2}$ x 19 inches. The chart is divided by a scale giving the percentage of the principal chemical elements of the foods in ordinary use, with the full value of the same given per pound. By the aid of this chart it should be a comparatively easy matter for a student of dietetics to compute the quantity and kind of food necessary to any stated case. A glance is all that is needed to obtain a rough estimate of any given article's food value, as the colors are vivid and instantly reveal what is to be shown.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING APRIL 14, 1908

HAENTSCHKE, AMALIE IDA, transferred from Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco, California, for duty.

KEE, MAUDE B., graduate of the City Hospital Training School, Cincinnati, Ohio, 1907, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, California.

KEENER, LYDA M., under orders for transfer from the General Hospital, Presidio of San Francisco, to the Philippines Division for duty; to sail May 5th.

KING, ROSANNA M., under orders for transfer from the General Hospital, Presidio of San Francisco, to the Philippines Division for duty; to sail May 5th.

NAGLE, MARY E., transferred from the Division Hospital, Manila, P. I., to the United States; arrived in San Francisco March 17th, and assigned to duty at the General Hospital.

NILES, FLORENCE A., transferred from San Francisco to the General Hospital, Fort Bayard, for duty.

NUTTER, GRACE HELEN, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

OWEN, JENNY E., graduate of Conemaugh Valley Memorial Hospital, Pennsylvania, 1907, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

RONEY, MRS. KATHLEEN V., graduate of City and County Hospital, San Francisco, 1903, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

SHEEHAN, MARY E., transferred from the Division Hospital, Manila, P. I., to the United States for discharge; reported at San Francisco April 2nd.

WOODS, JULIA E., recently arrived in the Philippines Division and assigned to duty as Chief Nurse at the Division Hospital, Manila.

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